



Title	Villous adenoma arising in choledochocoele.
Author(s)	Kawakami, Hiroshi; Kuwatani, Masaki; Onodera, Manabu; Asaka, Masahiro; Hirano, Satoshi; Kondo, Satoshi
Citation	Gastrointestinal endoscopy, 66(6), 1231-1232 https://doi.org/10.1016/j.gie.2007.06.035
Issue Date	2007-12
Doc URL	http://hdl.handle.net/2115/47228
Type	article (author version)
File Information	GE66-6_1231-1232.pdf



[Instructions for use](#)

A 55-year-old woman had been admitted to our hospital because of the swelling above the ampulla of Vater and referred to our department for further examination. No abnormality was found on physical examination or in laboratory data. However, duodenoscopy revealed a soft cystic lesion above the ampulla of Vater (**A**; *left*). EUS showed that the common bile duct and the main pancreatic duct communicated with the cyst located in the duodenal wall (**A**; *right*). The diagnosis was choledochoceles. Ten years after the diagnosis of choledochoceles, she was readmitted for abdominal pain, at age 65. Her serum CA19-9 was 53.4 U/mL (normal <37 U/mL). Duodenoscopy showed the enlarged choledochocoele (**B**; *left*). EUS revealed an echogenic mass in the choledochocoele (**B**; *right, arrowheads*). An incision was made to the roof of the choledochocoele, and peroral cholangioscopy revealed villous tumor in the choledochocoele. Biopsy of the tumor revealed villous adenoma. She underwent local resection of the ampulla of Vater. Microscopic examination revealed villous adenoma with moderate to severe dysplasia (**C**; *left* [H&E, orig. mag. $\times 40$], *right* [H&E, orig. mag. $\times 400$]). The postoperative course was uneventful. In 5-years follow-up, no clinical evidence of recurrence is found.





