



HOKKAIDO UNIVERSITY

Title	Villous adenoma arising in choledochocoele.
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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 choledochocel (**B; left**). EUS revealed an echogenic mass in the choledochocel (**B; right, arrowheads**). An incision was made to the roof of the choledochocel, and peroral cholangioscopy revealed villous tumor in the choledochocel. 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.





