



An Incidental Finding of Double Cystic Ducts during Laparoscopic Cholecystectomy: A Case Report

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Authors' contributions

This work was carried out in collaboration among all authors. Author AB designed the study, wrote the protocol, and corrected the manuscript. Authors AL and HEK wrote the first draft of the manuscript and managed the literature searches. Authors TEA and MRL corrected the manuscript and supervised the redaction. All authors read and approved the final manuscript.

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Case Study

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ABSTRACT

Introduction: Abnormal anatomy of the biliary duct are common, and failure to recognize them may lead to complications during operative or endoscopic procedures. The diagnosis is usually established during surgery.

Presentation of the Case: we have reported the case of a 46-year-old patient with a history of epilepsy and psychosis under treatment, presenting upper right abdominal pain, admitted at an academic medical center, with the intra operative discovery of a duplicated biliary duct, the accessory cystic duct was anterior the primary cystic duct and drained in the common biliary duct, both cystic ducts were clipped, and no complications occurred during or after the laparoscopic cholecystectomy.

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Discussion: Double gall bladders with double cystic ducts are not an uncommon occurrence, however a double cystic duct with a single gall bladder is an extremely rare biliary duct abnormality, several authors reported the need to rely on per operative cholangiography to mitigate the risk of biliary injury.

Conclusion: Surgeons must be aware of the different biliary duct abnormalities to minimize the risk for the patients.

Keywords: Cystic duct duplication; laparoscopic cholecystectomy; biliary duct abnormality.

1. INTRODUCTION

Biliary duct abnormalities are not uncommon to come across during laparoscopic cholecystectomy, they, however, predispose patients to higher risk of ductal injury and post operative complications. Cystic duct duplication with a single gall bladder is on the other hand an extremely rare biliary duct abnormality. We describe in this article the case of a patient admitted to an academic public medical center [1].

2. PRESENTATION OF THE CASE

A 46 years old patient, with a history of epilepsy treated by Phenobarbital, and psychosis treated by Haloperidol, and having no prior history of abdominal surgery, reporting a right upper colicky pain evolving for 6 months, without any cholestasis symptoms, no fever or chills, and no

weight loss. The patient has been received in consultation, the physical examination of the patient revealed an anicteric patient, with a soft abdomen. Pre operative ultrasound showed multiple gall stones, with a non dilated intra hepatic and extrahepatic biliary duct systems. Pre operative liver function tests were in the normal range.

After dissection of the calot triangle, an accessory cystic duct was discovered (Figs. 1, 2), it was anterior to the main cystic duct and the cystic artery, and draining into the common biliary duct. Both cystic ducts were clipped and then sectioned, the artery was then clipped and sectioned and the cholecystectomy performed normally.

The post operative course was uneventful, and the patient was discharged the following day of the surgery.



Fig. 1. Laparoscopic image of the duplicated cystic duct

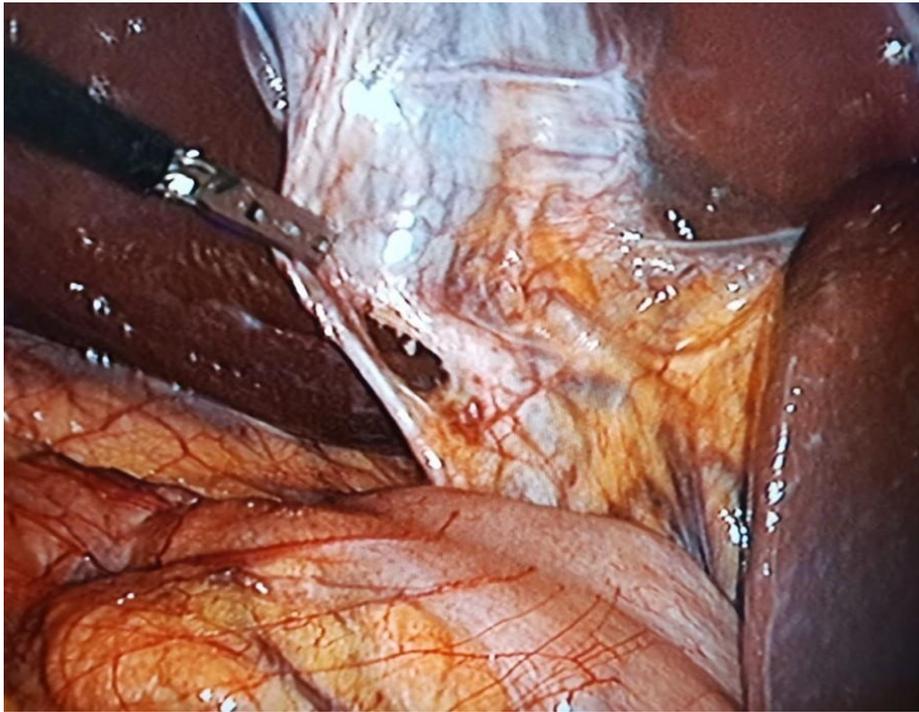


Fig. 2. After dissection between the two cystic ducts

3. DISCUSSION

“Developmental abnormalities during embryogenesis may lead to extra hepatic biliary tract abnormalities, with reported incidences varying between 7.3 and 47%” [2,3]. Double gall bladders with double cystic ducts are not an uncommon occurrence, however a double cystic duct with a single gall bladder is an extremely rare biliary duct abnormality [4]. Flannery and Caster [5] have categorized this anomaly into three types. A « Y » type where the two cystic ducts join to form a single canal that drains in the common biliary duct, a « H » type where the accessory cystic duct enters separately either in the right, left, or common hepatic duct, it is the most described variation in literature [6,7].

In our case the patient had the « H » variation with cystic duct draining directly in the common hepatic duct. The third configuration is called the trabecular type, where the accessory cystic duct enters the substance of the liver directly, forming a cholecystohepatic duct.

“Other biliary variations may give the appearance of a double duct draining the gall bladder were described by Blumgart and Hann” [8]: Drainage of the segment VI into the cystic duct, Drainage of the right posterior sector duct into the cystic duct, Drainage of the distal part of the right posterior sector duct into the neck of the

gallbladder. Drainage of the proximal part of the right posterior sector duct into the body of the gall bladder.

“However, biliary variations do not appear to have a correlation with stone formation” [9].

4. CONCLUSION

Double cystic duct is a rare anomaly, and with more than 500 000 laparoscopies performed annually in the United States [10], surgeons must be aware of the many possible anatomic variations to minimize the risk of complications.

CONSENT

As per international standard or university standard, patient(s) written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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