



A Biliary Stricture Seen on Magnetic Resonance Cholangiopancreatography (MRCP)

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Abstract

A 33 year old female with epigastric pain and normal liver function tests who previously had undergone cholecystectomy underwent Magnetic Resonance Cholangiopancreatography (MRCP) which demonstrated a high grade stenosis of the common hepatic duct. A subsequent CT cholangiogram with arterial phase demonstrated that the apparent stricture was artefactual from pulsations from the hepatic artery.

Abbreviations

HA: Hepatic Artery; MRCP: Magnetic Resonance Cholangiopancreatography; CT: Computed Tomography

Clinical Image

A 33-year-old female presented with recurrent post-prandial epigastric pain radiating to the back and steatorrhea. Her personal history was significant for a laparoscopic cholecystectomy and family history for gastric cancer. Her gastroscopy showed early Barrett's change, Helicobacter-negative chronic gastritis, and lactase deficiency. Her liver function tests were normal. She then underwent a Magnetic Resonance Cholangiopancreatography (MRCP) which demonstrated an apparent high grade (90%) stenosis of the common hepatic duct (Figure 1), although the associated intrahepatic biliary dilatation that would be expected was not present. This was concerning

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Received Date: 27 Jan 2019

Accepted Date: 10 Feb 2020

Published Date: 12 Feb 2020

Citation:

Bonnicksen M, Varma P, Ghattas S, Wong K, Saxena P, Kaffes AJ. A Biliary Stricture Seen on Magnetic Resonance Cholangiopancreatography (MRCP). Clin Case Rep Int. 2020; 4: 1136.

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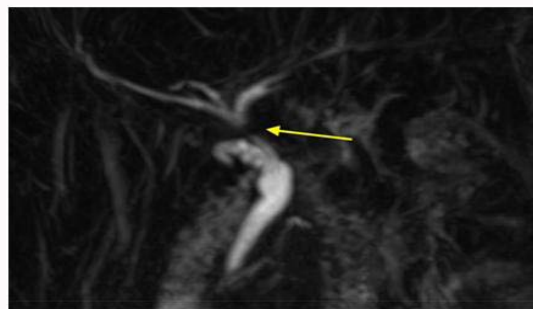


Figure 1: Image of common hepatic evident stricture evident on MRCP.

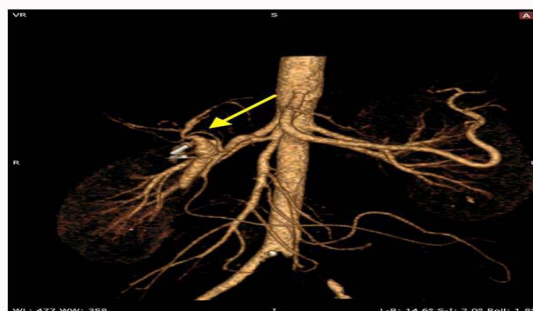


Figure 2: CT cholangiogram showing hepatic artery anatomy causing the apparent 'stricture' on MRCP.

for ischaemic structuring post-cholecystectomy. The MRCP was reviewed at our radiology multi-disciplinary meeting and a dual CT cholangiogram/arterial phase acquisition was recommended (Figure 2). This demonstrated a tortuous common bile duct and a focal segment of decreased calibre and kinking related to the right hepatic artery passing inferoposteriorly. It was thought that vascular pulsations from the right hepatic artery may have resulted in the artefactual appearance of stricture on MRCP [1].

References

1. Irie H, Honda H, Kuroiwa T, Yoshimitsu K, Aibe H, Shinozaki K, et al. Pitfalls in MR cholangiopancreatographic interpretation. *Radiographics*. 2001;21(1):23-37.