Session 1. The Bile Duct Enigma

Benign stricture mistaken for cholangiocarcinoma

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Curriculum Vitae

I graduated Chonbuk National University Medical School at 1988. I was trained as an intern and resident from 1988 to 1993, and obtained a board of Surgery at 1993 in Chonbuk National University Hospital. I have also been Chonbuk National University Hospital as a liver transplantation surgeon since 1996. Currently, I am director and professor of Division of Hepatobiliary-pancreas and Transplantation in Dept. of Surgery at Chonbuk National University Medical School and Hospital, Jeonju, Korea.

I have authored and co-authored numerous articles relating to HBP anatomy and liver transplantation that have appeared in peer-reviewed journals, including surgery, liver transplantation, clinical anatomy, and etc.

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Bile duct(BD) strictures are frequently present a diagnostic challenge to distinct between benign and malignant nature for a definitive management. The clinical presentation and image findings of biliary stricture may result in obstructive jaundice and localized BD obstruction coexisting with proximal BD dilatation should be considered as malignancy. These lesions are often mistaken for cholangiocarcinoma(CCC) and are treated with unnecessary major resections, because their final diagnosis can be achieved only after formal pathological examination of the resected specimen. Variety of benign conditions frequently mimics of CCC such as primary sclerosing cholangitis (PSC), recurrent pyogenic cholangitis, autoimmune pancreatitis, inflammatory pseudotumor, Mirrizzi syndrome, xanthogranulomatous cholangitis and IgG4-related sclerosing cholangitis etc. In addition, PSC and other chronic biliary diseases increase the risk of CCC and so require ongoing vigilance. Traditional methods of evaluation including CT/MRCP imaging, detection of circulating tumour markers, and sampling by endoscopic ultrasound and ERCP) have a high specificity and low sensitivity to distinguish from CCC. Correlation with clinical and demographic characteristics may help narrow differential diagnosis in CCC mimics lesion. In most case, a definitive diagnosis can be established only with histopathologic examination after resection.

In conclusion, the differential diagnosis between benign and malignant BD strictures is the cornerstone of the management, because it is often difficult to establish the malignant potency with radiologic imaging. So, discovery of novel biomarkers, new imaging modalities and advanced endoscopic techniques suggests that a multimodality approach might lead to better diagnostic accuracy.