

EPIDEMIOLOGY, PRESENTATION AND DIAGNOSIS OF CHOLEDOCHAL CYSTS IN ADULTS IN A MAJOR NORTH AMERICAN CITY

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Choledochal cysts (CDC) are rare congenital cystic lesions of the biliary tract which are more prevalent in Asians and among women. In North America (NA) the incidence of CDC is estimated to be 1/150000; it is not clear that the disease pattern in NA is similar to that in Asia. We reviewed our CDC patients in Vancouver BC which represents one of the largest series in NA.

Methodology: Retrospective chart review. Statistical analysis was undertaken using Fisher's exact test where applicable.

Results: Fifty one adults with CDC were identified. Presentation, epidemiology and diagnosis were evaluated. There were 41 females and 10 males. Abdominal pain was the most common presenting symptom. US (70.6%) and ERCP (78.4%) were the most common diagnostic modalities used. Malignant transformation was identified in 4 patients who uniformly presented with jaundice ($p < .05$). Cysts were classified according to Todani's classification system. Type 4a cysts (54.9%) were the most common cyst type identified.

Conclusion: Early and accurate diagnosis of CDC is required to avoid the significant complication of malignant transformation. Identification of a NA pattern of disease is required. Sex, age and symptomatology were similar to that previously described. Jaundice was identified as an indicator of malignant transformation.

Our high proportion of type 4a cysts may represent a different NA pattern of this disease. Type 4a cysts are difficult to treat as complete excision may be precluded by extent of intrahepatic disease. Further documentation of the NA experience is required.