

## UNUSUAL ISOLATED DIVERTICULAR CYSTIC DUCT CYST IN ADULT

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**ABSTRACT**

Isolated cystic duct cysts are rare entities, with few cases having been reported. We present the case of 30 years old male patient presenting with abdominal pain and fever. Ultrasonography revealed lithiasic cholecystitis. Laparoscopic exploration showed an isolated cystic duct cyst and the patient underwent laparoscopic cholecystectomy with complete cyst excision; there were no postoperative complications. While such lesions are extremely rare, they need to be recognized as a separate entity in the Todani classification.

**KEYWORDS** : cystic duct cyst, Todani classification, laparoscopy, cholecystectomy, bile ducts.

**INTRODUCTION:**

Isolated cystic duct cysts are extremely rare and few cases having been reported (1,2) The existing Todani's classification does not include this as a separate entity and thereby, it has been vaguely termed as a Type VI choledochal cyst by some authors in the past.(3) Cystic malformation of the cystic duct is a less known entity(4)

**CASE REPORT:**

We present the case of a 30 year-old male who presented after 3 days of pain in upper right quadrant of the abdomen, fever and vomiting, he had no particular history, abdomen examination revealed a positive murphy sign. Abdominal ultrasonography showed a lithiasic cholecystitis, in blood test results white blood cells level was high to 16.000/mm<sup>3</sup> and CRP at 90mg/L but hepatic enzymes and lipasemia were normal. We initially decide to treat patient with intravenous antibiotics(amoxicillin-clavulanic acid) 1g/8hours.three days later we decided to perform a laparoscopic cholecystectomy,dissection of calot triangle(fig 1) revealed a diverticular spherical formation attached to the cystic duct,the liberation of right flank of common bile duct from this cystic duct cyst did not show any connection and terminal part of cystic duct was thin. The section of terminal cystic duct between clips and retrograde cholecystectomy was performed as usual. The postoperative course was uneventful and the patient was discharged on the second postoperative day.

**DISCUSSION:**

Presenting features and complications of choledochal cysts of the cystic duct are similar to other types of choledochal cysts. They might be asymptomatic and incidentally detected, or present with varying degrees of abdominal pain, jaundice, cholangitis, calculus disease and malignancy.(4) In our case,lithiasic cholecystitis was the indication for laparoscopic cholecystectomy.

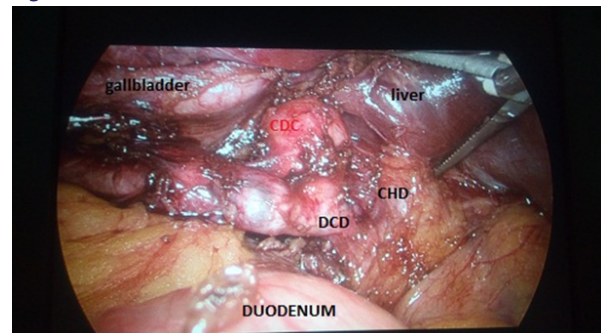
The primary treatment in case of choledochal cysts is surgery including cyst enterostomy, cyst excision, or hepatic jejunostomy (5). we performed a combined laparoscopic resection of the cystic duct cyst and gall bladder.

Cysts of the cystic duct is an extremely rare condition with only few cases published in literature to date and patients with choledochal cysts, whether symptomatic or not, are referred for surgical removal given the possibility of future malignancy(6).

The cystic duct cyst is currently a topic of debate in terms of classification and treatment, but the laparoscopic approach is increasingly accepted.(7)

**CONCLUSION:**

Laparoscopic resection can be considered as a minimal invasive approach in selected patients. the evolutionary profile of this disease and the possibility of malignant transformation remains to be studied.

**Figure 1:**

**CHD:** common hepatic duct

**DCD:** distal cystic duct

**CDC:** cystic duct cyst

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