Original Research Paper

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General Surgery

CHOLECYSTOHEPATIC DUCT - A RARE CASE REPORT.

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ABSTRACT Cholecystohepatic duct is a rare congenital anomaly of hepato biliary apparatus , seen in 0.5% of cases[1]. Understanding the normal and variant biliary anatomy will help prevent avoidable complications during surgery, in the presence of anomalies of hepato biliary apparatus[2] .We present this rare case of cholecystohepatic duct incidentally detected during laparoscopic cholecystectomy.

KEYWORDS : Cholecystohepatic Duct ; Bile Leak; Laparoscopic Cholecystectomy

INTRODUCTION

This case of cholecystohepatic duct is reported for its rarity.Its incidence is 0.5% . The anomalies of the biliary tract should be kept in mind while operating on the gall bladder pathology , and should be detected intra operatively if present and dealt with accordingly to avoid complications. Its embryology and management is discussed.

CASE REPORT

A 51 year lady presented to the surgical department of Dr. PSIMS & RF hospital with symptomatic GB caliculi ,and was posted for elective laparoscopic cholecystectomy. Routine blood investigations and LFT 's were normal. Ultrasound of abdomen showed few caliculi in gall bladder ; CBD was normal .At laparoscopic surgery , Calot's triangle dissection was done and cystic duct & cystic artery were clipped at both ends and severed in between. Incidentally a duct was found arising from the gallbladder body entering the common hepatic duct, of size 3mm(approx) in diameter. The cholecystohepatic duct was clipped on both sides and severed in between. Gall bladder was dissected free from the GB fossa. Post operative period was uneventful.

DISCUSSION

Embryologically, hepato biliary system starts developing in the fourth week of intrauterine life. A hepatic diverticulum develops at the junction of foregut and midgut. The cranial part of the diverticulum forms the common bile duct and liver . The caudal part develops into cystic duct and gall bladder. In the fifth week, the GB gets connected with the liver by the subvescial channels called as ducts of Luschka , which usually disappear before birth . In 0.5% of the cases one of them remains persistent, which communicates between the hepatic duct and GB and is called Cholecystohepatic duct [3].

We report this rare case of cholecystohepatic duct which was incidentally detected during laparoscopic cholecystectomy and was dealt with accordingly.

Laparoscopic cholecystectomy is one of the most commonly performed surgeries all over the world [4] .Significant bile leaks are rare; Minor bile leaks are not uncommon.

Bile leaks are due to :

1. Surgical misadventure.
2. Trauma
3. Instrumentation -ERCP ,endoscopy etc.
4. Other surgeries - pancreatic,duodenal, gastric.
5. Congenital anomalies of biliary tree .

In this case, cholecystohepatic duct was incidentally identified during laparoscopic cholecystectomy .It was clipped at both ends and severed in between .Usually this anomaly is not diagnosed preoperatively.

During cholecystectomy, variant biliary tract anatomy should be kept in mind, and if any, should be tackled accordingly. If the anomalous biliary anatomy is not detected, it could cause injury to the same, leading to perplexing bile leak/biliary peritonitis/hemorrhage.

CONCLUSION

This case report illustrates a cholecystohepatic duct which is a rare entity of biliary apparatus, in which an accessory or aberrant bile duct connects into GB. It highlights the importance of a surgeon having a thorough understanding of normal and variant biliary anatomy, to recognize this entity and deal with the same, thereby reducing the risk of complications like biliary leak/ biliary peritonitis/hemorrhage.

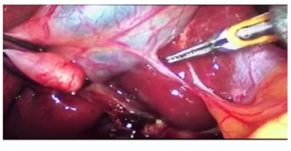

Fig 1: intra operative photograph showing Cholecystohepatic duct

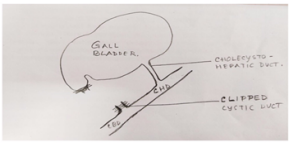

Fig 2 : Schematic diagram

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