



A CASE REPORT OF VON MEYENBURG COMPLEX WITH ADENOCARCINOMA OF GALL BLADDER :A RARE ENTITY

Hepatobiliary Surgery

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ABSTRACT

Von meyenburg complex (VMC) are small , multiple, greyish nodular cystic dilatation of intrahepatic biliary radicals due to disordered embryonic involution,also known as Bile duct microhamartoma. It typically causes no symptoms or liver function disturbance,so diagnosed incidentally. VMC may transform into life threatening cholangiocarcinoma and it should be surgically removed. In my research, a 52 years post menopausal female presented with jaundice and billious vomiting for last 1 month . CECT and MRCP both suggestive of VMC with multiple common bile duct calculi. Patient was undergone open cholecystectomy with choledochoduodenostomy . Report of pathology shows moderately differentiated adenocarcinoma of gall bladder. VMC with adenocarcinoma of gall bladder is a rare condition for which surgical intervention needed. Next, patient was undergone completion radical cholecystectomy. My research shows in VMC , oncological evaluation is very important and for which surgical intervention is needed.

KEYWORDS

Von Meyenburg Complex (VMC), Jaundice, Microhamartoma, Cholangiocarcinoma

INTRODUCTION

Von Meyenburg Complex (VMC) are small (<1.5cm) usually multiple, greyish, nodular, Cystic dilatation of intrahepatic biliary radicals. Resulting from DUCTAL PLATE MALFORMATIONS due to disordered embryonic involution [1]. Also known as BILE DUCT MICROHAMARTOMA. Typically causes no symptoms or liver function disturbances, so diagnosed incidentally.

Case Review

52 years, post menopausal female presented with jaundice & billious vomiting for last 1 month without any history of pain abdomen, weight loss, fever, pruritus. Total bilirubin 13.9, conjugated bilirubin 10.5, ALP 160. CECT shows tiny hypodense cyst in both liver lobes, mild dilatation of bilobar central IHBR & CBD with distal tapering near ampulla[figure 1].MRCP shows Multiple rounded T2 hyperintense SOL of 3-5 mm diameter in entire liver & multiple calculi in CBD [figure 2].

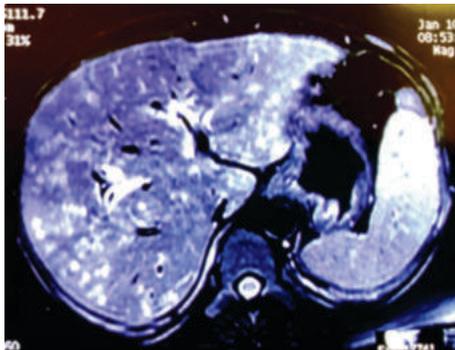


Figure 1



Figure 2

Operative Technique

On diagnostic laparoscopy: severe adhesion found around gall bladder & liver. Liver surface is smooth, no metastatic deposits found & On Exploration: multiple calculi present in CBD. Open Cholecystectomy with choledochoduodenostomy done & liver biopsy was taken. Report of histopathology shows Moderately differentiated adenocarcinoma of gall bladder [figure 3] & there was probably non representative tissue biopsy for Liver biopsy. Next, Completion Radical Cholecystectomy done without any intraop & post-op complications.

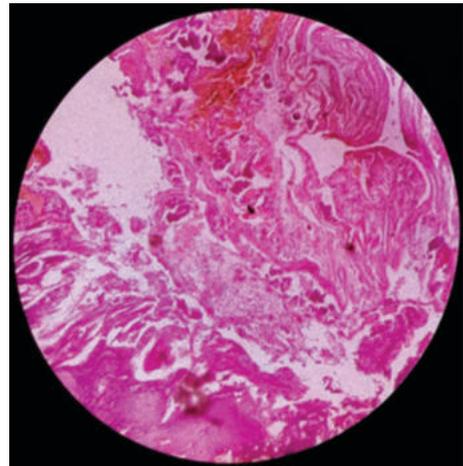


Figure 3

DISCUSSION

VMC was 1st described in 1918.It is related to ADPKD, CAROLI'S DISEASE, congenital hepatic fibrosis. VMC are benign lesions but have potential to malignant changes leading to cholangiocarcinoma[2]& other cancers. Biopsy reported malignancy in 77.4% cases & involve different sites of hepatobiliary tree[3]so,it should be surgically removed. The incidence of biliary hamartoma is very low & has been estimated at 5.6% in autopsy series and 0.6 % in needle biopsy series[4]

CONCLUSION

VMC is rare condition but Patients with VMC might have a underlying hepatobiliary malignancy developing.Here in this case, it is associated with carcinoma gall bladder. This possibility of malignancy must be considered as a potential differential diagnosis, for which evaluation & surgical intervention is very important.

Consent : All Consents Taken From all Concerned Individuals.

Conflict of Interest : No Conflict of Interest Present.

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