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Remnant Choledochal Cyst After Choledochal Cyst Excision Which was Treated with LAMS: A case report

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Introduction: Lumen-apposing metal stent (LAMS) is a saddle shaped stent with large flanges at both ends which was developed for endoscopic intervention. It was originally designed for drainage of pancreatic fluid collection and has shown satisfactory clinical success rates of 77%~96%. Recently, many off-label indications of LAMS have been proposed. We report a case of remnant choledochal cyst which was successfully treated with LAMS after failing initial treatment with a plastic stent. **Case report:** A 25-year-old woman presented with right upper quadrant abdominal pain and palpable mass. Abdominal computed tomography (CT) and magnetic resonance cholangiopancreatography showed huge cystic dilatation of the common bile duct and multifocal intrahepatic dilatation, suggestive of choledochal cyst, type IVa (Fig. 1). She underwent excision of choledochal cyst with Roux-en-Y hepaticojejunostomy and there was no dysplasia on microscopy. Abdominal CT taken 7 months after surgery showed a large remnant cyst (Fig. 2). As the patient refused reoperation and complained of abdominal discomfort, cystoduodenostomy with a plastic stent was done (Fig. 3). Ten days after the procedure, she complained of fever and right upper quadrant abdominal pain. Abdominal CT showed an increase in the size of the cyst with wall thickening and air-fluid level suggestive of cyst infection (Fig. 4). Because the plastic stent was insufficient for effective drainage and seemed to cause duodenocystic reflux, cystoduodenostomy stent revision was done with LAMS which had a larger inner lumen (Fig. 5). Six months after the procedure, abdominal CT showed marked decrease in the size of the remnant cyst and LAMS was removed subsequently. The patient is currently on routine checkup without any symptoms (Fig. 6). **Discussion:** Although complete excision of the cyst is the definite treatment of choledochal cyst, endoscopic ultrasonography-guided choledochoduodenostomy could be considered as an alternative if surgery is not feasible and dysplasia is not present. LAMS may be preferred to plastic stent in terms of effective resolution of remnant choledochal cyst.

