Intraductal Papillary Neoplasia of the Bile Ducts (IPN-B): About a Case


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1. Abstract

Intraductal papillary neoplasia of the bile ducts (IPN-B) is a rare intracanal tumor characterized by papillary proliferation of the biliary epithelium responsible for more or less abundant production of mucus, causing dilation of the duct [1]. IPN-B is the "biliary" equivalent of TIPMP. MRI cholangiography and transcutaneous abdominal ultrasound are the best examinations to suggest the diagnosis in the presence of a cystic lesion of the biliary tree associated with dilation of the downstream duct [2, 3]. The distribution of histological forms is different with a predominance of gastric forms in TIPMP and pancreaticobiliary forms in IPN-B explaining a much better prognosis of TIPMP, surgical treatment is the gold standard given the high risk of malignancy. we discuss a case of a 60-year-old patient operated on for IPN-B who underwent duodenopancreateicocephalus.

2. Introduction

Intraductal papillary mucinous tumor of the bile ducts bears a striking similarity to intraductal papillary mucinous tumor of the pancreas in its histopathologic features, production of a large amount of mucin, pathophysio-logic characteristics, and resultant clinical manifestations [7]. Because of the shared origins of the biliary tract and pancreas, the two systems may have a homologous pathologic condition [4, 5]. Reports have been published that describe tumors involving both the bile ducts and the pancreatic duct [6]. In this article, the radiologic features of intraductal papillary mucinous tumor of the bile ducts are described and correlated with clinical, surgical, and histopathologic findings. we will discuss a case of a patient operated on for IPBN degenerated into cholangiocarcinoma and the different stages of diagnosis and treatment.

3. Cas Clinique

This is the 60-year-old BN patient, admitted to the service for treatment of an IPNB tumor degenerated into carcinoma, the patient's history seems to go back 2 months ago with the appearance of cholestatic jaundice with pain in the level of the right hypochondre. to support the diagnosis, laboratory and radiological examinations were performed.

A biological assessment which returned in favor of a frank cholestatic syndrome. in front of this table an abdominal ultrasound was carried out which aims at dilation of the bile ducts intr and extrahepatic without visualization of obstacle.an MRI cholangio was performed which revealed a tumor mass of 2 cm from the lower common bile duct see thickening of vater lampoul with dilation upstream of the obstacle (Figure 1, 2). Echoendoscopy was performed which revealed the presence of a vator ampulla tumor with thickening of the lower bile duct suggesting a vaterian ampulloma with the presence of a probable mucus discharge (Figure 3). biopsies were performed in favor of a carcinoma. Retrograde cholangiography was performed with the placement of an endoscopic bypass prosthesis (Figure 4).

we prepared the patient for a surgical procedure. After anesthesiological agreement we performed a cephalic duodenopancreatectomy with triple anastomoses, gastrointestinal, pancreaticojujenale and hepaticojujenale (Figure 5). The patient was discharged on the 11th postoperative day in good general condition. planapath returned in favor of an IPNB of vater bulb degenerated into adenocarcinoma (Figure 6).
4. Discussion

IPNB is a rare tumor, initially described in 1976 as multicentric biliary papillomatosis associated with invasive adenocarcinoma. In 2006, Zen et al [9] reported ten cases of papillary biliary tumors, described the histopathologic features and classified the tumor cells into three subtypes including pancreatico-biliary, intestinal and gastric subtype. Oncocytic type was believed to be a variant of the pancreatico-biliary type [10]. In this article the name of Intraductal Papillary Neoplasm of Bile Duct (IPNB) was given for the first time to this distinct new entity which included biliary papilloma, papillomatosis and papillary adenocarcinoma [11]. In 2010, IPNB was included in the WHO classification of the bile duct tumors. The differential diagnosis of IPBN includes two entities with different histomorphology and prognosis: hepatic mucinous cystic neoplasm (HMCN) and cholangiocarcinoma (CCA) [12]. HMCN is defined as a cyst-forming epithelial neoplasm with typical ovarian-type stroma but with no communication with the bile ducts. For IPNB patients without metastasis, surgical intervention is still the first choice of treatment including pancreatoduodenectomy (31%), hemihepatectomy (28%), bile duct resection (18%), segmental liver resection (15%) and liver transplant (5%) [14, 15-20].

5. Conclusion

Intraductal Biliary Papillary Neoplasia (IPNB) is a rare disease involving both the intrahepatic and the extrahepatic biliary tract. It usually
occurs in the 6th and 7th decades of life and may present with acute cholangitis. The pathogenesis, clinical features and outcome are not well documented. Because of the high risk of malignant transformation, surgical resection is the best choice of treatment.

References