Not All That Is Dilated Is Obstructed: A Rare Case of Type Ic Choledochal Cyst

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Case presentation

27-year-old woman with no prior medical conditions presented to the hospital with severe right upper quadrant abdominal pain radiating to the back, associated with nausea, vomiting, and chills for two days.

The patient *reported similar episodes intermittently* for several years, typically resolving spontaneously.

Physical examination was notable for right upper quadrant tenderness without peritoneal signs.

Laboratory studies revealed stable hemoglobin, mildly elevated liver enzymes, and normal lipase.

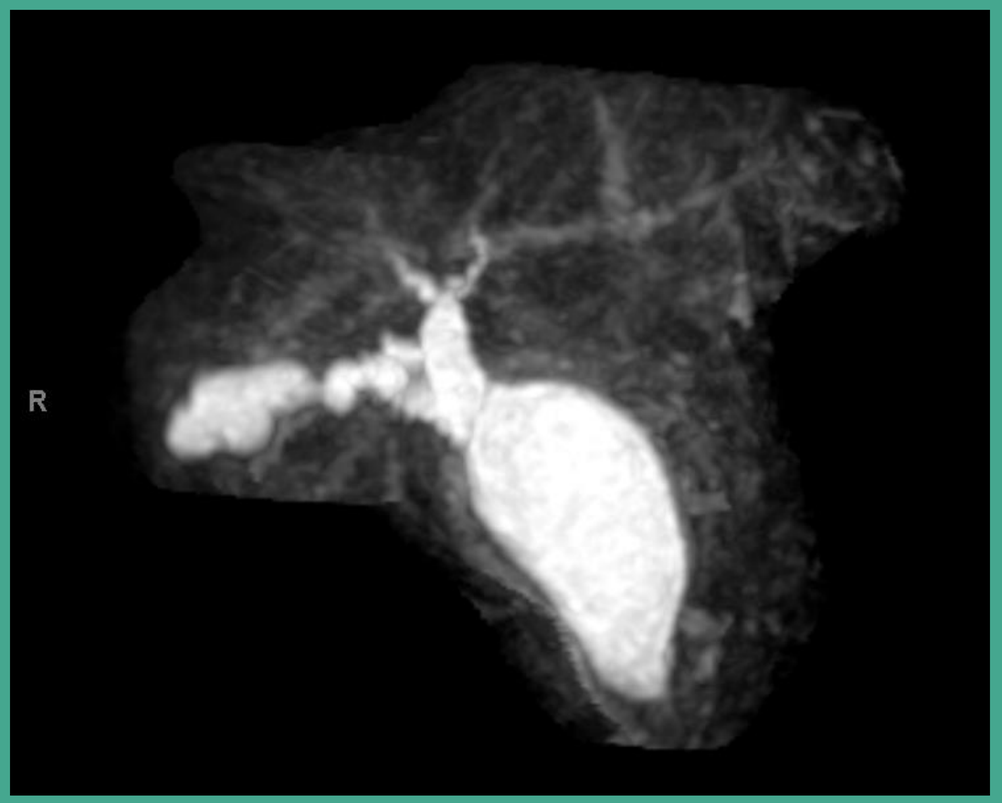
A computed tomography scan demonstrated *marked fusiform dilation of the common bile duct* (41 millimeters) with no evidence of intrahepatic ductal dilation or obstructive lesion.

Magnetic resonance cholangiopancreatography confirmed the findings, consistent with a Type I congenital choledochal cyst.

The patient underwent *surgical resection* with extrahepatic bile duct excision, cholecystectomy, retrocolic antegastric Roux-en-Y hepaticojejunostomy, and closure of the pancreatic head using a round ligament flap.

Postoperative recovery was uneventful.

Choledochal cysts require early recognition and surgical management to prevent malignancy



Discussion

Choledochal cysts are rare congenital biliary anomalies typically diagnosed in pediatric populations.

In adults, diagnosis is often delayed due to non-specific symptoms such as episodic abdominal pain or nausea.

Type I cysts, particularly Type Ic, can mimic common hepatobiliary conditions such as gallbladder disease, but carry risks including recurrent cholangitis, pancreatitis, hepatolithiasis, and malignant transformation.

The lifetime *risk of cholangiocarcinoma may exceed 10% in untreated cases*, warranting early surgical intervention even in asymptomatic individuals.

This case highlights a rare but important congenital condition presenting in adulthood with non-specific abdominal symptoms.

Timely diagnosis and referral for *definitive surgical management* in the inpatient setting prevented serious long-term complications.

Hospitalists play a key role in identifying such atypical presentations and initiating appropriate specialty consultation.