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The process of diagnosing pancreaticobiliary maljunction

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ABSTRACT

Background: Pancreaticobiliary maljunction (PBM) patients have a high rate of biliary cancers. This study aimed to show strategy for early detection of PBM before the development of biliary cancer.

Methods: We investigated pancreatobiliary complications, age at diagnosis and process of diagnosis in 111 PBM patients (with biliary dilatation (BD) (n=55) and without BD (n=56)).

Results: Eighteen patients of 55 PBM patients with BD(33%: bile duct cancer, n=9; gallbladder cancer, n=10) and 33 of 56 PBM patients without BD (68%: gallbladder cancer only) developed biliary cancer. PBM patients with BD in association with gallbladder cancer were older than those without gallbladder cancer ($p<0.01$). The number of PBM patients with associated biliary cancer increased with age ($p<0.01$). Thirteen PBM patients with BD and 33 PBM patients without BD were diagnosed by symptoms due to advanced biliary cancers. PBM without BD was suspected in 9 patients based on findings of gallbladder wall thickening on ultrasonography (US), and the diagnosis was made with magnetic resonance cholangiopancreatography (MRCP) and/or endoscopic retrograde cholangio-pancreatography before the development of biliary cancer.

Conclusions: For early detection of PBM without BD, MRCP should be performed for individuals showing gallbladder wall thickening on US, even in the absence of symptoms.

Key words: pancreaticobiliary maljunction; congenital biliary dilatation; gallbladder cancer; bile duct cancer, ultrasonography