

# Letters to the editors

## Endosalpingiosis of choledochal duct

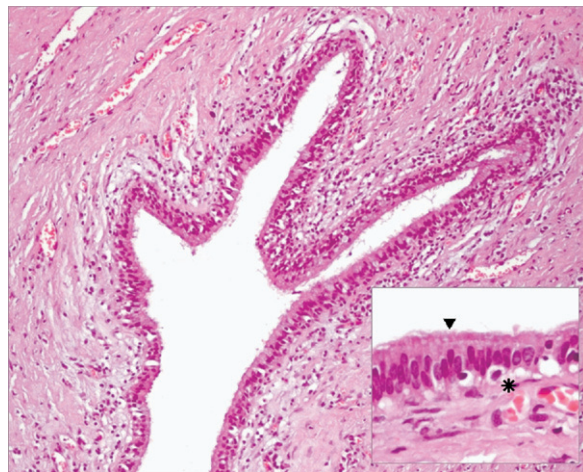
To the Editors:

Endosalpingiosis is defined by the presence of benign glands lined with tubal-type ciliated epithelium without endometrial stroma.<sup>1-3</sup> We report a rare case of endosalpingiosis in choledochal duct that was an incidental finding.

The patient was a healthy, obese, 30-year-old, *gravida* 1, *para* 1 woman with vomiting and epigastric colicky pain, radiating to the back, for the previous 2 weeks. She was also jaundiced. The patient denied fever or weight loss. Abdominal ultrasonography (US) and computed tomography (CT) were performed, which showed a 2.5-cm cystic mass near the distal common duct with proximal biliary dilatation. An endoscopic retrograde cholangiopancreatography was normal. Cholecystectomy with intraoperative cholangiography was performed and, once again, the common bile duct was found to not be in communication with the cystic mass. To remove the mass, we excised the distal common bile duct and performed a choledochoduodenal anastomosis. Histologic examination revealed a fibrous wall lined by ciliated tubal-type epithelium with 3 cell types: ciliated cylindrical, secretory, and intercalated cells. No endometrial-type stroma, nuclear pleomorphism, or mitotic figures were found (Fig).

The literature suggests that symptoms of endosalpingiosis vary greatly among patients, from totally asymptomatic to noncyclic suprapubic pain and tenderness, abdominal mass, and gross hematuria, intestinal obstruction, and jaundice, such as we report. Lesions of endosalpingiosis have been found in many organs of the abdomen and pelvis but have never been described in the choledochal duct.

There are only limited data available regarding the frequency of borderline malignant changes in these patients. Hesseling and Wilde<sup>4</sup> found only 1 patient with endosalpingiosis borderline malignant changes in 16 of 84 patients studied.<sup>5</sup> It seems that this condition is more likely to occur when in conjunction with endocervicitis. Importantly, endosalpingiosis tends to recur, sometimes multiple times, and may be closely located to a prior resection.<sup>1-3</sup> Regardless if symptoms, long-term follow-up is useful with an ultrasonography or CT scan of the abdomen and pelvis to identify possible recurrence.



**Figure.** Hematoxylin and eosin stain of cystic wall. \*Intercalated cells. ▼Ciliated cells.

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