Cobra-head choledochoceles: depiction with computed tomography and cholangiogram

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A 35-year-old male with acute cholecystitis and septic cholangitis underwent an open cholecystectomy before referral. Subsequent contrast-enhanced CT showed a cystic intra-duodenal lesion at the ampulla of Vater (Fig. 1a) and a T-tube cholangiogram showed a lower common bile duct ovoid filling defect protruding into the duodenum giving a characteristic 'cobra-head' appearance suggestive of Type-III choledochocoele. There was also an intra-luminal calculus seen as a filling defect (arrow) (Fig. 1b). A Type-III choledochal cyst is one of the most infrequent subtypes of choledochal cysts, constituting 1–5% of all cases.¹ Type IIIa represents an intraluminal choledochocoele in the duodenum that contains the terminal pancreatic as well as the common bile duct as a common channel; Type IIIb contains a separate pancreatic and a common duct within an intraluminal cyst; and Type IIIc shows a completely intramural cyst within the duodenal wall.²

References

Figure 1
Contrast-enhanced CT scan reveals cystic lesion protruding into the second part of duodenum in the region of ampulla (arrow). T-tube cholangiogram displays a bulbous dilatation of the distal common bile duct (arrow), which protrudes into the duodenum giving rise to a ‘cobra-head’ appearance. Intra-luminal calculus is seen as an ovoid filling defect.