

A TWIST IN THE BILE DUCT: DIAGNOSING MULTIORGAN LANGERHANS CELL HISTIOCYTOSIS WITH DIRECT SINGLE OPERATOR CHOLANGIOSCOPY

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Poster

Hepatobiliary

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A 77-year-old patient with diabetes insipidus and biliary stricture was diagnosed with Langerhans Cell Histiocytosis affecting the biliary system through cholangioscopy-guided biopsy showing characteristic immunohistochemistry.

KEY POINTS

- Imaging revealed diffuse thickening of main and intrahepatic bile ducts with reduced caliber, initially concerning for malignant biliary stricture.
- Cholangioscopy showed narrowed main bile duct with neovascularization and papillary projections; biopsy demonstrated histiocytes expressing CD68, S100, and CD1a consistent with Langerhans Cell Histiocytosis.
- The patient's diabetes insipidus was attributed to pituitary involvement from lymphocytic hypophysitis associated with granulomatous disease.
- ERCP was complicated by acute pancreatitis requiring intensive care admission; the patient was started on corticosteroid therapy with clinical and analytical improvement.
- This case illustrates Langerhans Cell Histiocytosis as a rare cause of secondary sclerosing cholangitis, with cholangioscopy enabling early diagnosis for systemic therapy initiation.

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