

AN UNEXPECTED CAUSE OF BILIARY OBSTRUCTION AND THE VALUE OF ENDOSCOPIC ULTRASOUND

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Poster

Hepatobiliary

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A 75-year-old male with portal venous thrombosis and JAK2 V617F mutation presented with biliary obstruction caused by choledochal varices that mimicked cholangiocarcinoma on imaging, diagnosed definitively by endoscopic ultrasound.

KEY POINTS

- Endoscopic ultrasound revealed choledochal varices (extensive varices along the common bile duct) as the cause of biliary obstruction, after MRCP suggested a soft tissue mass and intraductal cholangiocarcinoma was considered in the differential diagnosis
- ERCP showed an ovoid mass at the cystic duct junction causing obstruction with a spindly biliary tree appearance, brushings were negative for malignancy, and haemobilia occurred following brushings but was managed conservatively
- Initial presentation included extensive portal venous thrombosis with collateralisation, splenomegaly, mild intrahepatic duct dilatation, and thrombocytosis ($546 \times 10^9/L$), with no oesophageal or gastric varices on OGD
- Thrombophilia screen revealed JAK2 V617F mutation consistent with essential thrombocytosis, and the patient was treated with hydroxycarbamide and warfarin anticoagulation
- The case demonstrates that choledochal varices can mimic malignant biliary strictures on cross-sectional imaging, highlighting the diagnostic value of endoscopic ultrasound in distinguishing these entities

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