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Clinical Image
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# Painless Jaundice – Common Presentation of an Uncommon Disease

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## Clinical Image

A50 year-old man presented with icteric sclera, pruritus and choluria. He denied fever, abdominal pain, or weight loss. No palpable abdominal masses was appreciated on physical examination. Laboratory tests were pertinent for Alb 3.4 g/dL, T-Bil 5.3 mg/dL, ALT 298 U/L, AST 161 U/L, ALP 432 U/L. MRCP demonstrated marked dilatation of common bile duct (CBD) but no filling defects were appreciated, and pancreatic duct appeared normal (Figure A). ERCP revealed the distal CBD emptied into the pancreaticduct at approximately 17mm from the major papilla, forming a common channel, which is diagnostic of anomalous pancreaticobiliary junction (ABPJ). A cystic dilation is present both in the CBD and common hepatic duct (Figure B). In conjunction with ABPJ, the biliary cystic dilation is consistent with the diagnosis of choledochal cyst type Ic. This case highlights that anomalous pancreaticobiliary junction should be considered when there is a common pancreaticobiliary channel and surveillance of biliary cancer should be considered in appropriate clinical setting.

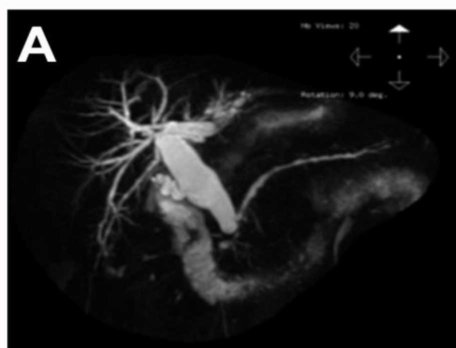


**Figure A:** MRCP demonstrated marked dilatation of common bile duct (CBD)but no filling defects were appreciated, and pancreatic duct appeared normal.

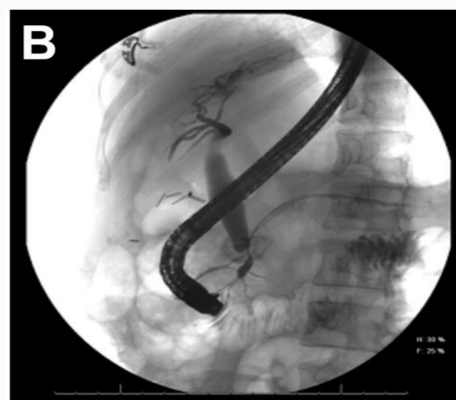


**Figure B:** A cystic dilation is present both in the CBD and common hepatic duct.

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