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**Review article
An Institutional review on pediatric choledochal cyst**

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**Abstract:**

**Objective:** To study the clinical presentation of choledochalcyst(CC), management & outcome over 5 year period.

**Methods:** All cases of choledochal cyst managed in our institute from 2008 to 2012 were reviewed retrospectively. Data on clinical presentation, bloodparameters, imaging and surgical management along with outcome were analyzed.

**Results :** Total number of cases was 56.Age at presentation ranged from 31 days to 12 years with mean age of 5.2 years.There were eight cases within one year of age(Infantile CC) and presented with abdominal fullness (50%),jaundice(37%) and fever(12%).Remaining 48cases (Pediatric CC) presented with abdominal pain (79%), jaundice (42%).Spontaneous perforation of bile duct and biliary cirrhosis wasobserved one in each.Majority of cases (52/56) were diagnosed by USGabdomen and in 4 cases diagnosis was made by MRCP. Type I CC was the most commontype seen in 40(71.4%) followed by type IV CCin 14 (25%) and type III CCin 2(3.5%).Anomalous pancreatic duct system and pancreatic divisium was present in one each.All were managed surgically by cyst excision with either Roux en Y hepaticodochojejunostomy(49 cases) or hepaticodochodudenostomy(6 cases).On follow up during the study period of one year,all were asymptomatic except one who developed idiopathic portal vein thrombosis.

Con**clusion**: Mean age of presentation was 5.2years.Clinical symptoms included abdominal pain and jaundice. Classical triad is a rare presentation in pediatric population. Type 1CC is the most common type. Surgical excision of cyst with biliary diversion is the treatment of choice.

**Key words**: Choledochalcyst(CC),Hepaticojejunostomy,Children,Neonatal cholestasis.