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Duct Of Luschka: A Case Report

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Background : Introduction Anatomical variations of the bile ducts, including the duct of Luschka, are commonly encountered. The incidence of ducts of Luschka varies from 12 to 50%, according to a previous study [1]. These anomalies are rarely identified before surgery and are associated with bile leakage after laparoscopic cholecystectomy. In this report, we discuss the case of intraoperative following laparoscopic cholecystectomy.

Methods : A case report: A 53-year-old female was admitted to our ward with abdominal pain in the right upper quadrant; the symptoms had started about 2 years ago. Physical examination showed no tenderness of the abdomen, positive Murphy's sign. On admission, blood test showed normal, and liver function tests, lipase, and amylase levels all resulted as normal. Abdominal ultrasound showed full of gallstone, dilated gallbladder, GB wall thickening. The patient underwent planned laparoscopic cholecystectomy. A four-trocar technique was used. After dissection of gallbladder cystic duct and common bile duct, had accessory bile duct from right hepatic duct. We performed a cholangiogram intraoperatively.

Results : Discussion The term "ducts of Luschka" refers to biliary ducts measuring 1-2 mm in diameter which are typically situated within the gallbladder fossa in the lower aspect of the right hepatic lobe, being either a solitary duct or a network of multiple interconnecting ductules. The prevalence of such anatomical variations is certainly very low but not available because of the lack of information in literature [8]. Bile leaks are reported in 0.2-2% of all patients treated with laparoscopic cholecystectomies [9]. Frequency of leakage of the ducts of Luschka represents 4.4% of all iatrogenic biliary duct injuries and 15% of type A injuries (according to the "Strasberg classification system" [10]). The reported prevalence of duct of Luschka is 4% based on published series, although this may be under-estimated as many of these ducts remain undetected as no routine screening is done with any imaging modality.

Conclusions : Conclusion Perioperative imaging evaluation of subvesical bile ducts and biliary anatomy in general can be performed both with drip infusion cholangiography with CT (DIC-CT) and with MRCP. The course of time as well as the fact that von Luschka described different parts of the human body made his name accountable for many structures. Bile leakage still remains a serious complication during cholecystectomies. Intraoperative treatment does not seem to occur at all in the international.

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