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Duplicated Common Bile Duct: A Recipe for Injury

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Abstract: A potentially devastating complication of routine laparoscopic cholecystectomy includes iatrogenic bile duct injuries, which represent a stable incidence rate of 0.3% over the past three decades. Whilst related to several relative risks such as surgeon experience and patient factors (older age, male sex), misinterpretation of biliary tree anatomy remains the most common cause, accounting for 80% of iatrogenic Common Bile Duct injuries. Whilst extremely rare, a duplicate common bile duct anomaly remains a potential variation to encounter during biliary surgery, with 30 recognised cases in the worldwide literature, of which type Vb accounts for 4. We report the case of a rare type Vb variation encountered during intra-operative laparoscopic cholecystectomy and confirmed on cholangiogram. To our knowledge, this is the first documented Type Vb case encountered in an Australian population. Given these anomalies are asymptomatic and can perpetuate iatrogenic common bile duct injuries, awareness of all subtypes is crucial. Irrevocably, preoperative Magnetic Resonance Cholangiopancreatography can help recognise these anomalies before the operating theatre; however, their widespread adoption is limited by expensive and availability.

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