



Dilated bile ducts

Bile ducts from the liver and the gallbladder join together to form the common bile duct. This duct drains into the small bowel and delivers bile to this portion of the small bowel known as the duodenum. Bile helps in the breakdown of undigested food and also gives color to bowel motions. Whenever a blockage occurs in the bile duct, the bile ducts become enlarged or dilated. An individual may first notice a pale color to the bowel motions and a darkening of the urine, if the blockage or obstruction progresses, a yellow discoloration to the eyes and skin (jaundice) may occur.

Obstruction of the bile duct can occur for several reasons and always warrants further investigation. Common causes include gallstones that become dislodged from the gallbladder and travel down the bile duct to the point at which it drains into the duodenum. This is the narrowest part of the bile duct and gallstones can become blocked or impacted at this point. This area is also the site at which the pancreas drains into the duodenum. A blockage caused by a gallstone is usually painful, may occur with fevers and can also be associated with inflammation of the pancreas (pancreatitis). Less commonly, obstruction of the bile ducts may be secondary to a tumor of the bile duct, known as a cholangiocarcinoma, or a tumor of the head of pancreas. This type of bile duct obstruction is usually painless but may be associated with weight loss.

The majority of individuals with dilated bile ducts require an ERCP (endoscopic retrograde cholangio-pancreatogram). This test may be done as a day case, is carried out under heavy sedation, and involves the injection of dye from the small bowel into the bile duct. During this test, stones can be removed from the bile duct, tumors can be biopsied and the obstruction can be relieved. Alternatively, an MRCP (MRI scan of the bile ducts) can further determine the cause of dilated bile ducts but is of diagnostic value only.

A slightly dilated common bile duct may be seen in individuals who have had a cholecystectomy in the past and does not warrant further investigation. All other cases of dilated bile ducts require referral to a gastroenterologist who specializes in the technique of ERCP.