Methods A retrospective analysis of all the patients who underwent MRCP over a two year period; January 2011 to December 2012 was undertaken. All the radiological reports showing both a dilated common bile duct (CBD) and pancreatic duct (PD) or the “double-duct” sign were included. These were all interpreted and reported by specialist gastrointestinal radiologists. The demographics, liver biochemistry, final diagnosis and outcome for all patients with the “double-duct” sign were accessed using the electronic patient records. Follow up information was available for a mean of 24 months (range 12–36 months).

Results 1,367 patients underwent MRCP examination over a two year period. 46 patients (3.5% incidence) had “double-duct” sign (Table 1) with a mean age of 69.5 years. The ratio of male to female patients was (M:F) 12:11. The commonest cause of “double-duct” sign was choledocholithiasis (29.4%) followed by malignancy (26%). Patients with jaundice in the context of “double-duct” sign had a higher incidence of malignancy (48%). Nearly half of the patients, (21/46; 46%) with “double-duct” sign were anicteric. None of the anicteric patients were found to have malignancy. Of the anicteric patients, 29% (6/21) had completely normal liver test and the remaining 71% (15/21) had some abnormality of the liver enzymes (raised GGT and/or alkaline phosphatase). Three patients in the anicteric group had benign tumours (2 cases of benign IPMN and 1 case of benign ampullary tumour). The benign nature was confirmed on clinical and radiological follow-up. No surgical intervention was deemed appropriate for any of these patients. All three remained anicteric over the period of follow-up (13 months; unrelated death, 18 and 36 months respectively). Our results show that “double-duct” sign in the absence of jaundice makes a malignant aetiology unlikely.

Conclusion In patients with cross-sectional imaging evidence of “double-duct” sign, the absence of jaundice makes a malignant aetiology unlikely. Conversely, in jaundiced patients a malignant cause is much more likely. Figures from larger series are needed to support this conclusion.

REFERENCES

Disclosure of Interest None Declared.

Small bowel and nutrition

Introduction Several studies have suggested that bile acid diarrhoea (BAD) can present with symptoms that are compatible with diarrhoea-predominant irritable bowel syndrome (IBS-D). However, uncertainty exists as these have often been