

Figure	Comment	Page
31	Axial CT with oral and IV contrast show hilar cholangiocarcinoma.	59
32	MRI show multifocal cholangiocarcinoma.	61
33	MRCP show dilatation of intrahepatic biliary radicles.	61
34	Percauteneus transhepatic colangiography.	65
35	MRCP showing Bismuth II hilar tumor.	65
36	MRCP & ERCP showing Bismuth IIIa hilar tumor.	65
37	PET showing metastatic cholangio-carcinoma in the liver.	68
38	Endoscopic US of ampullary carcinoma	72
39	CT show double duct sign of ampullary carcinoma	73
40	CT show distended gallbladder in ampullary carcinoma	73
41	MRCP of ampullary carcinoma	74
42	ERCP of ampullary carcinoma	75
43	Skeletolization of the portal vein and hepatic artery.	89
44	Hilar cholangiocarcinoma infiltrate the portal vein bifurcation.	90
45	Bilateral involvement of the portal vein and hepatic artery.	91
46	Kocherization of the duodenum in ampullary carcinoma	101
47	Photograph of periampullary carcinoma	101
48	Standarded pancreaticodoudenectomy	102

Contents

Item	Page
1-Introduction.	1
2-Aim of the essay.	3
3-Anatomy of the biliary system.	4
4-Physiology of the biliary system.	19
5-Pathology of the biliary system:	
-Pathology of gallbladder cancer.	24
-Pathology of the bile duct cancer.	30
-Pathology of the ampullary carcinoma.	37
6- Clinical picture of gallbladder cancer.	41
7-Investigations of gallbladder cancer.	42
8-Clinical picture of bile duct cancer.	52
9-Investigation of bile duct cancer.	53
10-Clinical picture of ampullary carcinoma.	70
11-Investigations of ampullary carcinoma	71
12-Treatment of gallbladder cancer.	78
13-Treatment of bile duct cancer.	87
14-Treatment of ampullary carcinoma.	99
12-Summary and conclusion.	106
13-References.	107