LEARNING OBJECTIVES:

1. To emphasize an optimal MR imaging protocol
2. To highlight role of MRI in the diagnosis and classification
3. To demonstrate the role of MRI in staging
4. To understand limitations of MRI and review “mimics” of cholangiocarcinoma

ABSTRACT:

Although Cholangiocarcinoma is a rare tumour (<2% of all cancer), it is the second most common primary Hepatobiliary malignant tumour after hepatocellular carcinoma (HCC). This tumour actually encompasses a diverse group of tumours varying greatly in location, growth pattern and histology resulting in a gamut of imaging manifestations. It is important to be familiar with those diverse manifestations to provide accurate detection and characterization. Since only surgery can provide curative therapy, accurate resectability assessment is critical. Defining an optimal MRI protocol which includes precontrast MR imaging along with high resolution MRCP sequences and Dynamic contrast acquisitions/MR angiography is necessary to ensure accurate results. MRI offers unique advantages via its ability to provide information noninvasively in a single test regards tumour size, extent, vascular involvement, nodes and extrahepatic spread. MRCP can superbly display bile ducts upstream to an obstruction. MRI is not without limitations. In some cases other disease process may mimic cholangiocarcinoma and these will be discussed. At times MRI may not be able to confidently detect or stage the tumor and correlative imaging with Ultrasonography, CT and PET needs to be considered.

References: