To the Editor:

Apropos the report "Congenital Bronchobiliary Fistula: Diagnosis and Postoperative Surveillance With HIDA Scan," by Egrari et al (*J Pediatr Surg* 31:785-786, 1996), the authors have used a separate minilaparotomy and cholecystography to demonstrate any biliary tract anomaly in addition to the right thoracotomy. I wonder why they did not use the hepatic end of the bronchobiliary fistula for the fistulography, avoiding the minilaparotomy, as suggested by Dr Gauderer for all three of his cases.

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REFERENCE

1. Gauderer MWL, Oiticica C, Bishop HC: Congenital bronchobiliary fistula: Management of the involved hepatic segment. J Pediatr Surg 28:452-455, 1993

REPLY

To the Editor:

It is well known that congenital bronchbiliary fistula can be associated with distal biliary anomalies. In 1963, Enjoji et al reported congenital bronchobiliary fistula associated with stenosis of common bile duct.

In our case a fistulogram was obtained through the hepatic end of the fistula after division. The result consisted of a blind end in the left hepatic system, which was similar to the three cases reported by Gauderer et al.[2] We elected to perform a cholecystogram to confirm normal distal biliary anatomy. The preoperative HIDA scan had demonstated distal emptying of bile into the duodenum. The transabdominal cholecystography further confirmed the accuracy of the HIDA scan.

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REFERENCES

1. Enjoji M, Wantanabe H, Nakamura Y: A case report—Congenital biliotracheal fistula with trifurcation of the bronchi. Ann Pediatr 200:321, 1963

2. Gauderer MW, Oiticica C, Bishop HC: Congenital bronchobiliary fistula: Management of the involved hepatic segment. J Pediatr Surg 28:452-455, 1993