

To the Editor—We read with interest Wong et al's paper on dilated common bile ducts (CBDs) mimicking choledochal cysts in ketamine abusers.¹ On reviewing our database of ketamine abusers from July 2005 to June 2008, we found two similar patients who had episodes of recurrent epigastric pain and were subsequently found to have CBD. The first patient was a 30-year-old man who abused ketamine since 2002 and presented with recurrent epigastric pain, persistently raised alkaline phosphatase (ALP; 132-259 IU/L; reference range, 35-104 IU/L) and normal alanine aminotransferase (ALT) levels since 2007. Oesophagogastroduodenoscopy (OGD) showed mild gastritis only. Computed tomography (CT) of the abdomen and a magnetic resonance cholangiopancreatogram (MRCP) in 2007 showed a dilated CBD measuring 1.1 to 1.2 cm in diameter, with no other abnormalities. The other patient was a 31-year-old woman who abused ketamine for more than 10 years and presented similarly with recurrent epigastric pain and elevated ALP (114-554 IU/L) and ALT (42-353 IU/L; reference range, 8-46 IU/L) levels since 2005. Her OGD was normal. Multiple ultrasonography and CT abdomen studies showed a dilated CBD. An MRCP in 2007 revealed a dilated CBD (1.3 cm in diameter) with smooth tapering of the lower end, suggestive of a choledochal cyst. In our experience, epigastric pain and deranged liver function tests are common in ketamine abusers. The case series of Wong et al and our two cases should alert clinicians to this new disease entity. Further

research is needed to delineate its pathophysiology and management.

We would like to clarify the meaning of 'street ketamine' which was wrongly stated as phencyclidine by Wong et al. 'Street ketamine' refers to the non-pharmaceutical grade ketamine available in the underground market for the purpose of abuse. It is always an impure compound containing variable amounts of ketamine (31-90%) and another chemical. The latter chemicals, known as cutting agents, include paracetamol, antipyrine, sulphanilamide, caffeine, flour, and even glass powder which are added mainly to increase the product's weight (for better profit). Other cutting agents, such as methamphetamine, cocaine, benzodiazepines are pharmacologically more active and might help to enhance euphoria or reduce the side-effects of ketamine. On the other hand, phencyclidine is another abused drug, structurally similar to ketamine; it has never been popular in Hong Kong and to our knowledge it has not been used as an adulterant in 'street ketamine'.

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Reference

1. Wong SW, Lee KF, Wong J, et al. Dilated common bile ducts mimicking choledochal cysts in ketamine abusers. *Hong Kong Med J* 2009;15:53-6.

Authors' reply

To the Editor—We thank Dr Ng and colleagues for sharing with us two similar cases of dilated common bile duct disorder in ketamine abusers. These cases should serve to alert clinicians about the effects of ketamine abuse on the hepatobiliary system. Meanwhile regarding our third case, a follow-up ultrasound recently confirmed complete resolution of the biliary tree dilatation, once again indicating that the impact of ketamine abuse on biliary tree dilatation seems to be reversible. Nevertheless, further studies are required to establish the underlying pathogenesis. We are also thankful for

clarification of the term 'street ketamine'.

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