

Although Courvoisier claimed that bile duct carcinoma was first described in 1508 (Courvoisier, 1890), Fardel is credited with the first report in 1840 (Renshaw, 1922). In 1896, Baudoin carried out first bypass procedure for bile duct cancer, a hepaticocholangioenterostomy (Baudoin, 1896 Quoted by Gibby et al. 1985). In 1903, Mayo performed the first successful resection of a primary bile duct carcinoma (Mayo, 1912). Pickrell and Blalock recognised the management difficulties posed by bile duct cancer and recommended bypass whenever possible (Pickrell and Blalack, 1944). In 1957, Altemeier and others described the clinical characteristics of bile duct carcinoma occurring at the hilum of the liver. They recognized the difficulty of establishing the diagnosis and outlined the clinical and pathologic features of the tumours. (Altemeier et al., 1957). In 1965, Klatskin reconfirmed Altemeier's observations and provided additional cases (Klatskin, 1965).

Even though diagnostic methods, surgical techniques, and radiation therapy have improved, the management of patients with primary bile duct cancer, particularly those cancers located at the hilum of the liver near the confluence of

the lobar ducts, it remains an extremely difficult problem (Gibby et al., 1985).

The aim of this essay is to revise the subjects of extrahepatic biliary carcinoma including the anatomy and physiology of the extrahepatic biliary tree, pathology of the tumours at that site and recent methods of management of these cases.