

Case	(565) Same patient, two cholecystoduodenal fistulas. a case report.
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CASE PRESENTATION

Our case is an 80 years old male who came to the Emergency Room with weight loss, general discomfort, and dark vomiting. He had been previously diagnosed duodenal perforation due to a neuroendocrine tumor with two surgical interventions.

The patient was driven to de CT-scanner to roll out an abdominal obstruction or a complication of the previous surgery. An abdominal-pelvic CT scan was done with IV contrast and no oral contrast. In the right upper quadrant a heterogeneous collection containing air was found at the theatrical location of the gall bladder. That collection had a wide contact with the second portion of the duodenum and the hepatic flexure of the colon. The findings were in keeping with acute calculous cholecystitis complicated with an abscess.

Due to the presence of air in the interior of the gall bladder, a fistula to the intestinal tract was suspected, either to the duodenum, to the colon, or both. A percutaneous cholecystectomy guided by ultrasound was performed. In order to roll out cholecystoduodenal or cholecystocolon fistula a cholecystography was done through the cholecistostomy catheter. In the fluoroscopy the fistula to the duodenum was evident.

A CT scan was immediately performed after the cholecystography to clear out the findings. The images showed both duodenal and colonic fistulas.

DISCUSSION

Cholecistoenteric fistula is a communication between the gallbladder and the intestinal lumen due to a perforation in the wall of these structures. It is a rare condition in the context of an acute calculous cholecystitis, and it is most commonly seen in the context of chronic cholecystitis.(1)

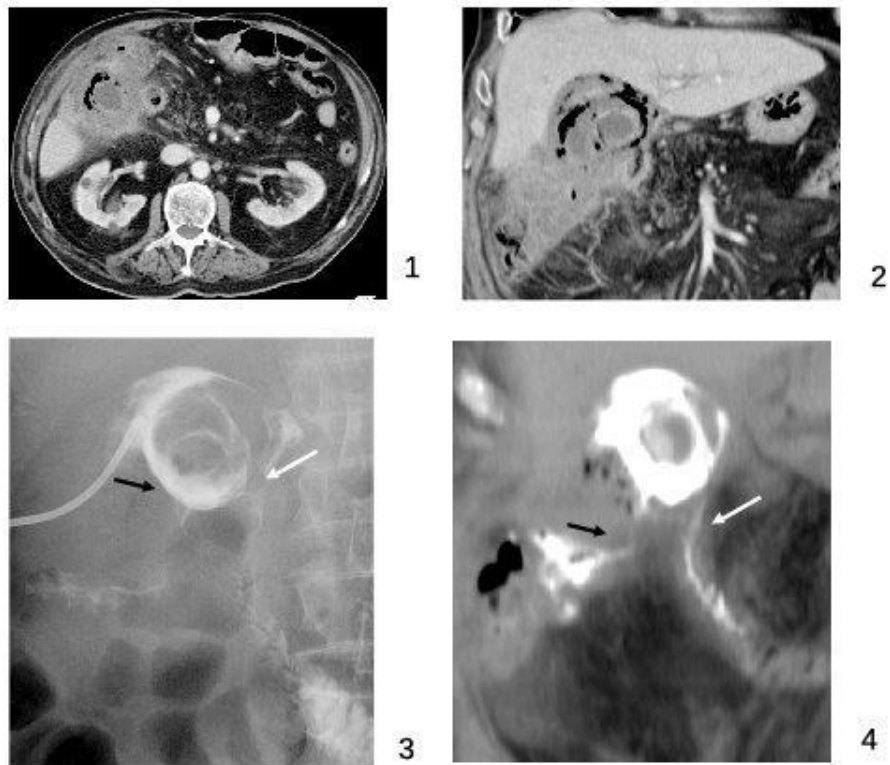
The most frequent type is the choledocystoduodenal fistula followed by the cholecystocolonic fistula at the hepatic flexure. Clinically the findings are not specific and it is usually diagnosed after an imaging exam.

The presence of gas in the gall bladder and/or neumobilia with no prior history of manipulation leads to the diagnosis. Other finding is the wide contact between the wall of the inflamed gall bladder and the enteric wall.

CT scan is the most accurate most accurate imaging modality and it provides a global assessment of the abdomen.

CONCLUSION

Cholecystoenteric fistulas are rare entities with unspecific findings in the clinical setting. Imaging techniques lead to the diagnosis. CT scan is the most accurate imaging technique and is capable of a global assessment of the abdomen and pelvis.



Figures 1 and 2 Contrast-enhanced CT images show cholecystoenteric fistulas (colonic and duodenal)
Figures 3 and 4 Cholecystoduodenal fistula (white arrow) and Cholecystocolonic fistula (black arrow)

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