Cholecysto-Cutaneous Fistula in a Patient with Biliary Lithiasesis

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A 67-year-old patient was hospitalised in our Clinic in March 2016 for fever, right upper quadrant abdominal pain, discharge of a purulent secretion in the right subcostal space. He was a smoker (20 PA per annum), with type 2 diabetes controlled by diet, with an exploratory laparotomy in October 2015 performed in another hospital, which described an abdominal mass, raising the suspicion of an extracolonic tumor.

The analysis of the fluid discharge through the cutaneous orifice, the injection of contrast dye, upper endoscopy and colonoscopy provided no additional information. An abdominal CT scan was performed describing the presence of a calculus in the gallbladder and important dilatation of the common bile duct (CBD) (Fig. 1).

In order to find out the reason for the CBD dilatation, an ERCP was performed, which revealed sludge and a stone in the duct (both extracted after sphincterotomy). The surprise was represented by the appearance of a fistulous trajectory connecting the gallbladder and the abdominal wall (Fig. 2). A biliary stent was deployed with the purpose of avoiding stricture formation after calculus extraction and to facilitate closure of the cutaneous fistula.

Commonly, gallbladder fistulisation in acute cholecystitis involves an internal organ with the formation of a biliary-enteric fistula (cholecysto-gastric, cholecysto-colonic, cholecysto-duodenal) and occurs in less than 0.5% of the patients [1]. Spontaneous cholecysto-cutaneous fistula is a very rare complication of a gallbladder disease (about 220 cases reported in fifty years) [2]. It occurs after repeated and neglected episodes of cholecystitis leading to localised peritonitis and later fistulisation [3-5].

The cholecysto-cutaneous fistula in our case could be due to the presence of biliary lithiasis, poorly controlled diabetes and delay in accessing medical services. The patient underwent open cholecystectomy and fistulectomy. One year after surgery the patient has no postoperative complications.

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Conflicts of interest: None to declare.

REFERENCES