

LETTER TO THE EDITOR

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We read with great interest the recent case report and discussion on the topic of gallstone ileus in the JBR-

BTR (1). We would like to add our experience with fistulating gallbladder disease as we have had two

quite unusual cases recently of older patients presenting with this rare complication of cholelithiasis.

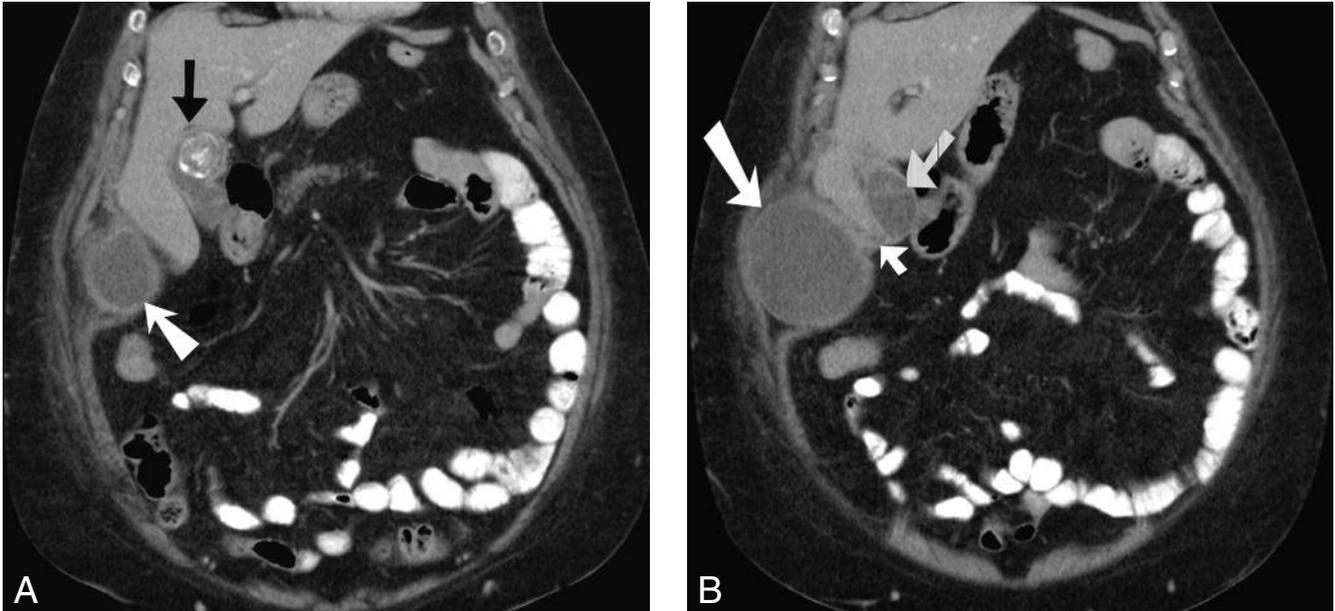


Fig. 1. — A. Coronal reformatted contrast-enhanced CT abdomen showing large laminated gallstone in the gallbladder (black arrow) and fluid collection in the right anterior abdominal wall, with enhancing rim (white arrow).

B. Coronal reformatted image from the same patient showing a fistulous tract (orange arrow) extending from the gallbladder (small white arrow) to the abdominal wall collection (large white arrow).

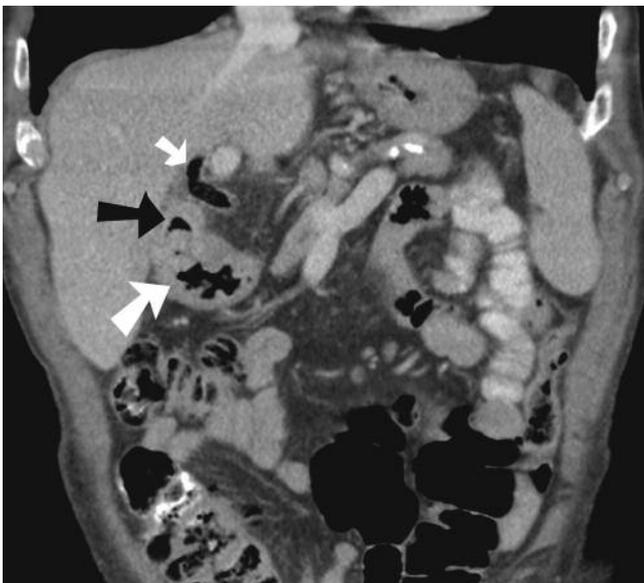


Fig. 2. — Coronal reformatted contrast-enhanced CT showing air within the common bile duct (small white arrow). Air is also demonstrated within the gallbladder, which is thick walled (black arrow) and fistulating directly into the adjacent gastric antrum (large white arrow).

The first patient is an 81 year old lady, of increased BMI and with a constellation of medical complaints including known chronic cholecystitis. She presented to the surgical outpatient department with a hard, palpable mass in her right upper quadrant that had been enlarging over the previous year. Contrast-enhanced CT abdomen revealed a 10 cm × 10 cm multiloculated, fluid filled collection within the abdominal wall muscles, extending into the subcutaneous tissues, directly adjacent to the gallbladder (Fig. 1). Also noted was a single large, laminated gallstone in the gallbladder. The collection was drained under ultrasound guidance in the radiology department and once CT abdomen showed resolution of the collection, the patient was brought to theatre for a laparoscopic cholecystectomy.

Intraoperatively, a fistulous tract was identified extending from the fundus of the gallbladder to the abdominal wall collection.

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The second patient is an 81 year old man with multiple co-morbidities, who, while undergoing investigation of symptomatic anaemia, was noted to have pneumobilia on hepatobiliary ultrasound. Contrast-enhanced CT abdomen showed a cholecystogastric fistula, pneumobilia and four calculi in the distal common bile duct (Fig. 2). The treatment of this condition is typically surgical, and there is increasing experience in the literature of using a laparoscopic approach. This patient was not a suit-

able candidate for surgery and so underwent ERCP with removal of the common bile duct stones, a technique that has been used with success in such patients, allowing closure of the fistula by decreasing the biliary pressure (2). This patient is clinically doing very well since this procedure.

As the author of the recent article in JBR-BTR describes, fistulating gallbladder disease is a rare complication of cholelithiasis. CT is the imaging modality of choice in

making the diagnosis, as evidenced by the images obtained in our cases above.

References

1. Willekens I., Verdries D., Ceulemans G., Vandenbroucke F, Delvaux G, de Mey J. Gallstone Ileus. *JBR-BTR*, 2010, 93: 4-6.
2. Goldberg R.I., Phillips R.S., Barkin S.J. Spontaneous cholecystocolonic fistula treated by endoscopic sphincterotomy. *Gastrointest Endosc*, 1988, 34: 55-56.