

Silent And Incidental Presentation of Cholecystogastric Fistula

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Abstract: Cholecystogastric fistulae are a rare variety of biliary fistulae. Most fistulae between the gallbladder and intestinal tract become obvious [1]. But here we report a rare silent presentation of cholecystogastric fistula in a 51 year old female, who was posted for routine laparoscopic cholecystectomy for long standing cholelithiasis.

Keywords: Cholecystogastric fistula, gallstones, cholecystitis.

I Introduction

Cholecystoenteric fistulas constitute 70-80% of biliary fistulae. Of these, 55-75% are cholecystoduodenal, 15-30% are cholecystocolic, and 2-5% are cholecystogastric [1]. Long standing cholelithiasis with cholecystitis may result in a number of complications like empyema gallbladder, perforation, pancreatitis and rarely bilioenteric fistulas and malignant transformation. Predisposing factors include diabetes mellitus and other immunocompromised states. Here we report a case of cholecystogastric fistula in a diabetic female with long standing cholelithiasis.

Case Report

A 51 year old female planned for laparoscopic surgery. She is a known diabetic on regular treatment and had past history of appendectomy and caesarian section. The patient gave history of multiple episodes of abdominal pain and nausea over the past 2 years, however didn't seek medical attention. Preoperative sonography showed sludge in the region of the neck with the gall bladder outline appearing indistinct in the fundal region where a calculus of 1cm was seen. The patient was explored laparoscopically which was later converted to open surgery in view of dense adhesions between contracted gall bladder and stomach (fig 1). Intraoperative findings which revealed a fistula between the fundus of the gallbladder and body of the stomach near the lesser curvature with stone impacted in the fistula (Fig 2 and 3). The patient underwent single stage open cholecystectomy with primary repair of the stomach (Fig 4). The patient had an uneventful postoperative recovery. Pathology revealed no evidence of malignancy.

II Discussion

Biliary fistulae is an abnormal passage from biliary system to another location. Biliary fistulae usually result of acute suppurative cholecystitis associated with cholelithiasis rarely it is due to peptic ulcer disease or malignancy [2]. Bilioenteric fistulas represent most common forms of biliary fistulae. Biliary fistulas occur in 3-5% of patients with gallstones, with duodenum being the most common site of fistula. Diagnosis is difficult and requires high index of suspicion. Preoperative studies include ultrasound, CT scan, ERCP, HIDA Scan [3]. CT being the modality of choice for diagnosis. In this case diagnosis was made during laparoscopic exploration of abdomen. The migrated stone may rarely cause gastric outlet obstruction when impacted in the duodenum or intestinal obstruction most commonly in the terminal ileum. Most commonly done surgeries include a 'one stage procedure' involving cholecystectomy, repair of the fistula and stone removal which was done in this case. Other options include endoscopic lithotomy or lithotripsy or laparoscopic transection of cholecystoenteric fistulas using endostapler or intracorporeal suturing of the fistula depending on the facilities available and patient profile.

III Conclusion

Although rare, the possibility of cholecystogastric fistulas is worth considering in elderly diabetic females with cholelithiasis with history of recurrent cholecystitis. Surgery remains the mainstay of treatment. A special emphasis should be made on patients with symptomatic or asymptomatic gallstones with comorbidities like diabetes and timely surgery before they develop complications. Results are often good following surgery and patients have an uneventful course.

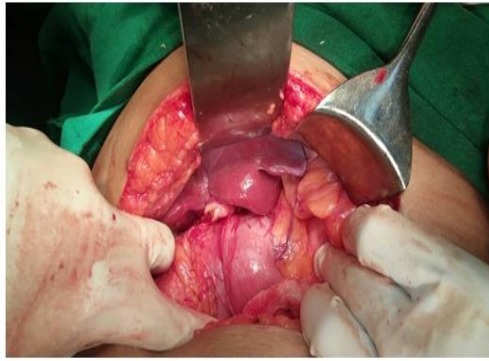


Fig 1



Fig2

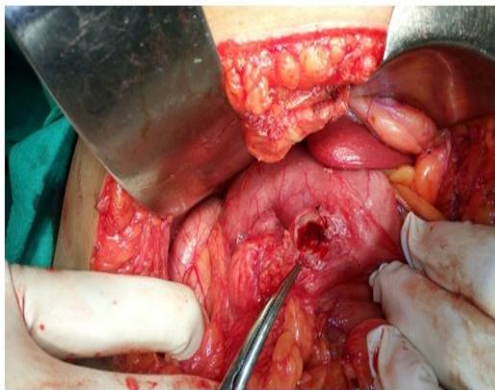


Fig 3

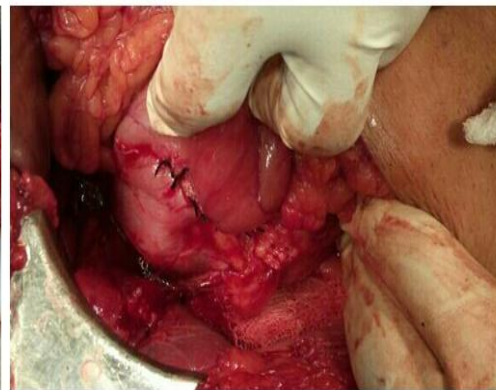


Fig 4

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