Cholecystogastric Fistula In A 64 Years Old Female Patient : A Case Report

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Abstract - A 64 years old Saudi female, a known case of Diabetes and Hypertension on medications, diagnosed as a case of chronic calcular cholecystitis before 2 years. She is on regular follow up, found to has a rare complication of chronic cholelithiasis which was cholecystogastric fistula.The patient is operated and her condition improved without any complications.

Index Terms - Cholecystitis, Cholelithiasis, Cholecystogastric fistulae,Cholecystoenteric fistulas, Laparoscopic Cholecystectomy, Open Cholecystectomy.

INTRODUCTION

A cholecystogastric fistula is a very rare complication of chronic or long standing cholelithiasis which the most common type is cholecystodoudenal fistulae followed by cholecystocolonic fistulae. The signs and symptoms of cholecystoenteric fistulae range from nonspecific to life-threatening (1-10).We are presenting this case of elderly female patient who is a known case of DM, HTN and chronic calcular cholecystitis with a rare complication of the disease as the first reported case in Jazan region-KSA to increase the awareness about the disease and its complications.

CASE REPORT

A 64 years old Saudi female, a known case of Diabetes and Hypertention on medications. She was doing well till five years back, when she started to haveintermittent mild colicky epigastric and right hypochondrial abdominal pain radiated to the back, chest and the right shoulder associated with nausea and yellow-to-green colorvomiting with no history of vomiting of blood. She neglected that till 2 years back when she went to private hospital, seen by doctors there, and after Ultrasound they diagnosed her as a Calcular Cholecystitis. They refer her to our hospital for follow up and managment.The patient was in regular follow up in our outpatient clinic and was diagnosed as a Chronic Calcular Cholecystitis and she planned for LaparoscopicCholecystectomy.The patient admitted for elective Laparoscopic Cholecystectomy, onexamination she was conscious, alert and oriented, afebrile and vitally stable. Abdominal Examination Revealed mild epigastric pain and negative for Murphy's Sign, otherwise no abnormality detected. CBC, Biochemistry and coagulation profile were done and were within normal apart from normocytic normochromic anemia and mild elevation in ALT and AST. Also, ultrasound was done and showed posterior acoustic shadow with multiple gall bladder stones (10 – 20 mm) and thickened wall,the liver was fatty with no focal lesions [Fig.1]. CBD and others were within normal. Patient kept NPO on IVF and antibiotics, then shifted to OR. In OR, Laparoscopic cholecystectomywas started, we found gall bladder adherent to gastric antrum [Fig.2,3,4], after that we faced some challengesand tried to dissect and separate the gall bladder from the gastric antrum, we were confused, is it just the gall bladder attached to gastric antrum by some adhesions or it is aCholecystogastric fistula, finally we decided to cut this part, after that we found the gases came out from the gastric antrum with some secretions and also there was bile leaking from the gall bladder with stonesfelldown. Immediately we decided to open, the abdomen was opened by Kocher incision, partial cholecystectomy and closure of both openings was done without any intraopretive or post-operative complications. [Fig.5,6]

DISCUSSION

About 3–5% of patients with chronic calcular cholecystitis may develop cholecystoenteric fistulae, which the common cholecystoenteric fistulas arecholecystodoudenal fistulae. Cholecystogastric fistulae have been reported as far back as 1968. The symptoms and signs are ranged from non-specific to life threatening, in our case the patient had a non-specific symptoms and signs. However, the mortality and morbidity of such cases is improved with present of good radiological,laparoscopic andendoscopic modalities and subsequent surgical intervention, as demonstrated in this case. The only effective treatment for such cases is cholecystectomy with fistula repair. There are many options nowadays for such cases. We thought that the best management for such cases is by removing the stones, and gall bladder either completely or partially with fistula repaired as demonstrated in our case, and that is completely depend on patient comorbidities and situation (3,5,6,11,12).

CONCLUSION

This case demonstrates that 'one-stage' surgery involving stone excision, complete or partial cholecystectomy and fistula repair, is a viable treatment option for patients presenting with Cholecystogastric fistula with good outcome for the patient and to decrease patient suffering and costs.

FIGURES

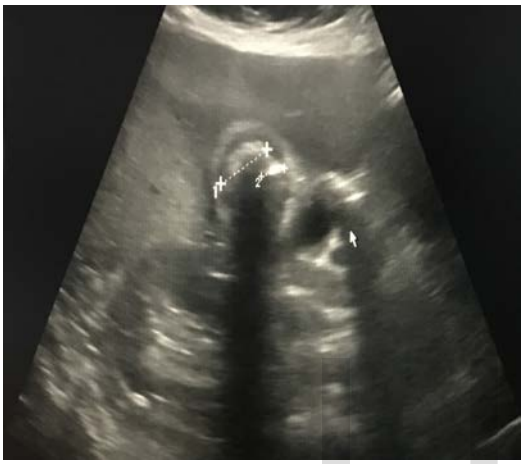
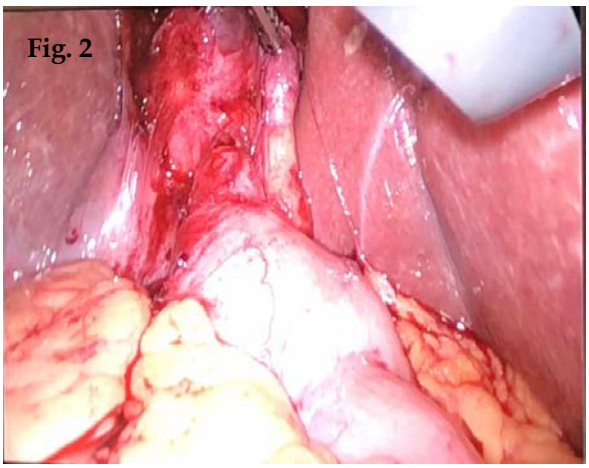
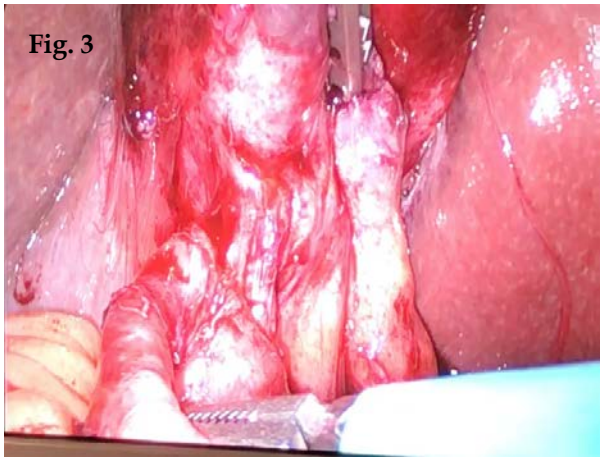


Fig.1: Gallbladder ultrasound showsacoustic shadow with multiple gall bladder stones (10 – 20 mm) and thickened wall.





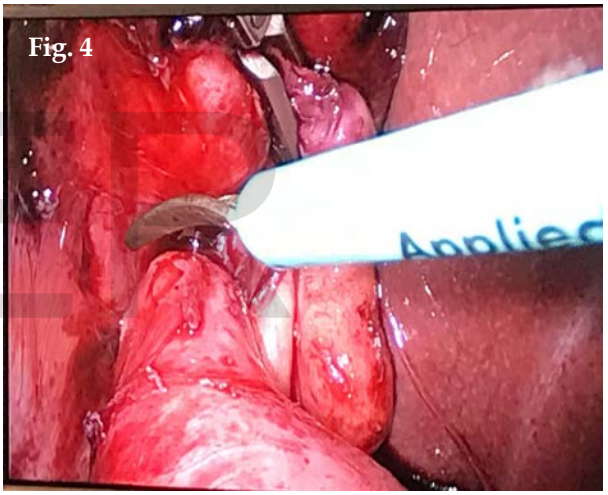
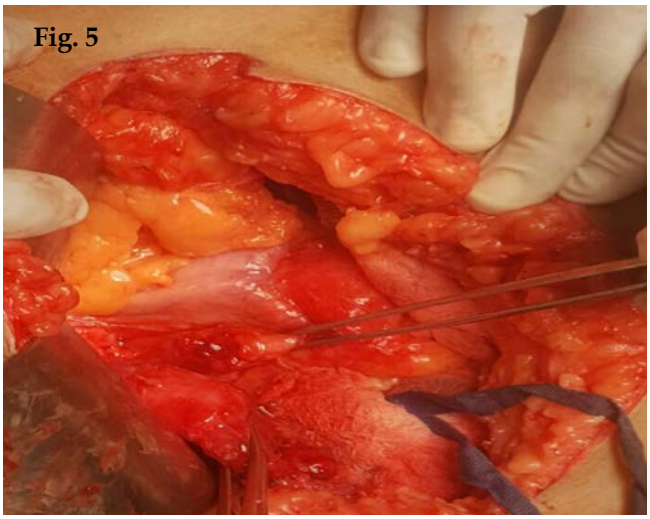


Fig. 2,3,4: These Photos showthe Gallbladder attached to the gastric antrum by Cholecystogastric fistula.



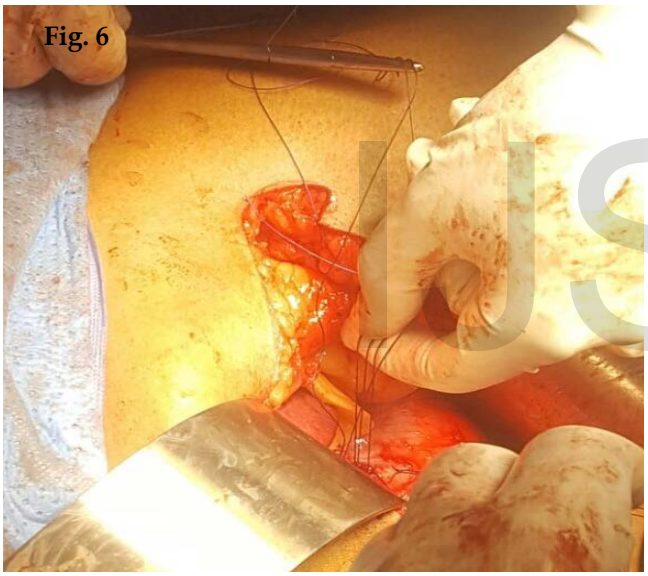


Figure 5,6: Two photos show the opening of gastric antrum fistula and its closing.

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