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Cholecystitis with Spontaneous Cholecysto-Cutaneous Fistula

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Clinical Image

An 87-year old woman presented to the emergency department with an abdominal inflammatory mass in the right flank increasing since 15 days. Physical examination revealed signs of decompensated heart failure associated with hypothermia.

Abdominal ultrasound showed a fluid collection in the right abdominal wall evaluated to 15 × 13 × 6 cm containing air bubbles and a stone. Computed tomography confirmed an abscess in the abdominal wall containing a 3 cm stone spontaneously evacuated from the gallbladder (Figure 1). The acute heart failure contraindicated general anesthesia.

The abscess and the stone were evacuated with a cutaneous incision regarding the abscess under local anesthesia. Microbiological examination of the pus showed *E. coli* and *M. morganii*. The patient received an anti-biotherapy with ciprofloxacin for 2 weeks.

Hypothermia and biological inflammatory signs disappeared. Acute cholecystitis could go unnoticed in old patients. They may only have symptoms at an advanced stage with complications due to chronic inflammation.

Spontaneous fistulas between the gallbladder and the duodenum, the colon or the abdominal wall could appear. In those cases, the aim of the surgical treatment is to treat the complication such as occlusion or abscess but not the fistula.

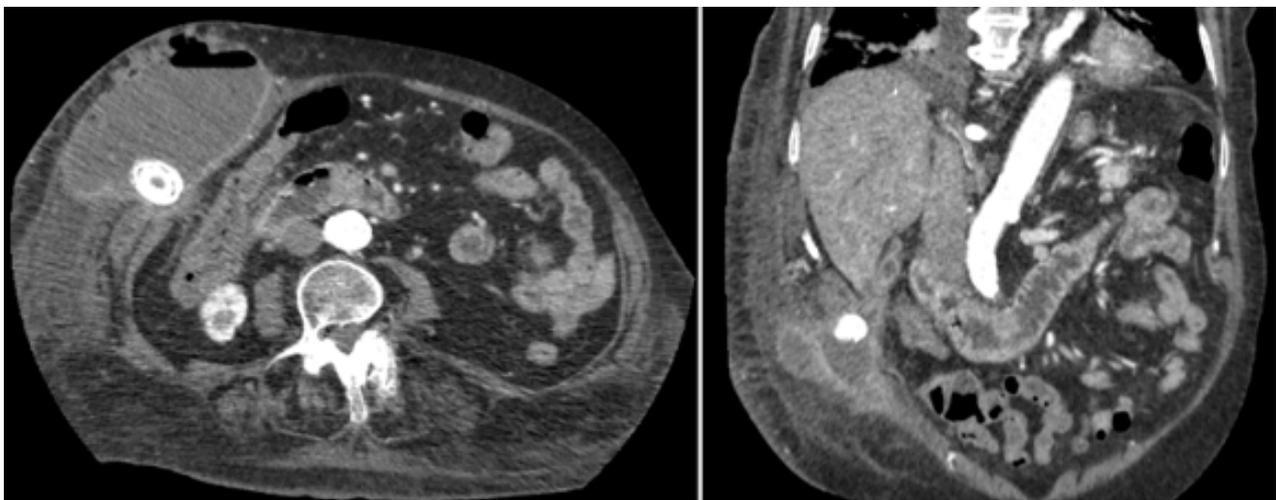


Figure 1 Gallstone migrated from the gall-bladder into an abscess in the anterior abdominal wall.