

A rare presentation of a gallbladder mass

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Question

A 47-year-old female presented with complaints of abdominal pain for last 3 months and fever for last 2 weeks. She gave history of fever with occasional chills and rigors. There was no history of jaundice, nausea, vomiting, hematemesis, melena, significant anorexia or weight loss. She had been operated for extradural meningioma 2 years back. Her vitals were stable at presentation. General physical examination revealed pallor. Abdominal examination revealed tenderness in right hypochondrium and presence of globular lump, extending 4 cm below right costal margin. Liver function tests showed hypoalbuminemia (albumin-2.8g/dL) and raised alkaline phosphatase (ALP-372 IU; normal-100-250)). Her coagulogram and renal function tests were within normal limits. CECT of the abdomen revealed a large low-attenuation mass involving segments IV and V of liver (Figure 1a). The gallbladder was only partly visualized in neck and proximal body and showed continuity with the lesions. An upper gastrointestinal endoscopy (UGIE) was done (Figure 1b). What is your diagnosis?

Answer

The CT scan also showed the presence of orally administered contrast in the centre of the lesion suggestive of the communication with the upper gastrointestinal tract (Figure 2a). UGIE (Figure 2b) showed multiple calculi coming from the fistulous opening shown in Figure 1b. USG guided core biopsy revealed features of adenocarcinoma of gallbladder. Cholecysto-duodenal fistula (CDF) is one of the commonest types of bilioenteric fistula. The common causes of CDF include gallstones, peptic ulcer disease, trauma or surgery. Proximal CDFs are usually located in the posterior wall of the duodenum and are usually secondary to peptic ulcer disease whereas distal CDFs, which are located in the periampullary region, connect to the distal part of bile duct and are usually associated with bile duct stones. The most common mechanism is pressure induced necrosis due to an impacted gallstone usually located at neck of gallbladder. It gradually erodes into the duodenum. Carcinoma gallbladder is an uncommon of CDF, described in just a few case reports. It has been postulated that a CDF may represent a significant risk factor in the development of gallbladder carcinoma. Chronic reflux

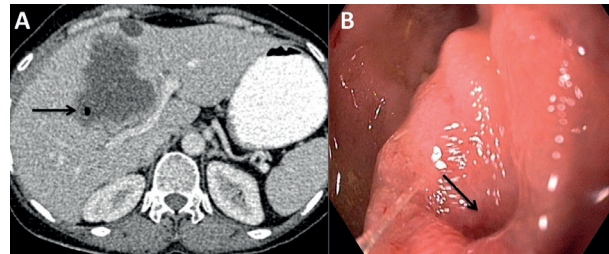


Fig. 1.

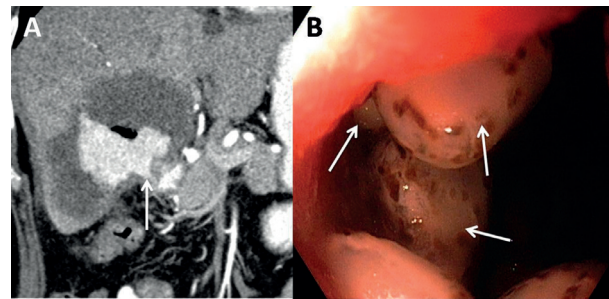


Fig. 2.

of duodenal contents including pancreatic juice leads to mucosal injury, metaplasia and later dysplasia. The management depends on underlying aetiology. The index patient was referred to medical oncology and radiation therapy services for further management.

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