COMMUNICATIONS:

7. SPONTANEOUS RESOLUTION OF CHOLECYSTO -ENTERIC FISTULA

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Gall bladder perforation following acute cholecystitis is a rare phenomenon[1] and often follow a vague and insidious cilinical course. We report a case of gall bladder perforation resulting in cholecysto-enteric fistula as confirmed by ultrasonography (USG) and resolved spontaneously.

CASE REPORT

A 46 year-old woman with acute abdominal pain was referred for USG. The sonogram showed irregular thickening of the gall bladder wall with associated complex pericholecystic together with perihepatic fluid and communication with adjacent bowel loop. Focal loss of reflectivity of the gall bladder was also noted consistent with gall bladder wall disruption. The patient was managed conservatively and was scheduled for cholecystectomy. She was lost to follow-up.

DISCUSSION

Gallbladder perforation (also referred to as lacerations or ruptures) occur secondary to acute cholecystitis, infection, trauma or malignancy. Sonography, cholescintigraphy (hepatobiliary scan), and computed tomography along with a high index of suggestion are useful for early diagnosis of gall bladder perforation. Sonographic findings, including a complex echogenic pericholecystic fluid collection, a thickened hypoechoic edematous gall bladder wall, a collapsed gall bladder lumen despite a prolonged fasting and disruption of the gall bladder wall with focal loss of its reflectivity were reported.[2, 3] The treatment of choice for gall bladder perforation is cholecystectomy. Alternative treatments including biliary stent placement and conservative treatment were also recommended.

REFERENCES

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