

External Fistula: A Rare Complication of Acute Cholecystitis**Dr Meghraj Kundan¹, Dr Anju Kumari², Dr Ashish³, Dr Tarun Singh⁴, Dr Kumar Naren Chandra⁵**^{1,3,4}Senior resident, Department of General surgery, VMMC and Safdarjung Hospital, New Delhi-29, India.²Post graduate student, Department of OBS & GYNAE, UCMS & Guru Teg Bahadur Hospital, Delhi-95, India.⁵Ex senior resident, Department of Anaesthesiology, VMMC and Safdarjung Hospital, New Delhi-29, India***Corresponding author**

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Abstract: Gall bladder perforation causing external fistula is extremely rare complication of acute cholecystitis. We present a very rare case of external fistula resulting from acute cholecystitis. A 42 year old male presented with pus discharge from right hypochondrial region which upon CECT abdomen was found to be external fistula communicating skin to gall bladder. Patient was treated conservatively till infection controlled than cholecystectomy was done later on. Patient was discharged in stable state.**Keywords:** Cholecystitis; Gall bladder perforation; External fistula; CECT abdomen

INTRODUCTION

Gall bladder perforation is extremely rare and dangerous complication of acute cholecystitis. The clinical presentation of gall bladder perforation is variable. It may present as uncomplicated acute cholecystitis with high morbidity and mortality rates due to delay in diagnosis [1, 2]. Preoperative diagnosis of this condition is difficult. CECT abdomen and ultrasound abdomen may help in the diagnosis.

CASE PRESENTATION

A 42 year old elderly male of Delhi, India presented with pus discharge from right hypochondrial region from three month. On examination pus was coming from approx 2-3 cm hole at right hypochondrial region. Patient had past history of abscess at that site, for which he had previously treated & incision and drainage was done. He had also episodes of pain at right hypochondrial region radiated to back with nausea. Patient was known case of diabetes mellitus type 2. Patient had admitted and intravenous antibiotic was given and regular dressing was done. CECT of whole abdomen suggested a fistula communicating between skin and gall bladder. Patient was treated conservatively and later on after control of infection elective cholecystectomy was done.

DISCUSSION

Gall bladder perforation is rare complication of acute cholecystitis. It results in approximately 2-11% of acute cholecystitis probably due to inflammation leading to ischemia, necrosis and perforation [3-5]. Niemeier [6] had classified it into three types. Type 1 (acute) is gall bladder perforation with generalised biliary peritonitis; type 2 (sub acute) associated with pericholecystic abscess and localised peritonitis; Type 3

(chronic) has external or internal fistula formation like cholecystoenteric fistula. External fistulas are extremely rare in gall bladder perforation. It may result due to cholangiocarcinoma, biliary surgery, trauma or acute cholecystitis like this case [7, 8]. External fistula occurs most commonly in the right hypochondrial region as in this case. It may occur at other site like lumbar region, right breast, groin, gluteal region [9, 10]. Diagnosis of gall bladder perforation is difficult which causes higher morbidity and mortality rates in these patients. Glenn and Moore [11] reported 42% mortality rate, while other studies reported 12-16%[1-2] mortality rate. CECT Abdomen may help in the diagnosis.

CONCLUSION

External fistula from gall bladder perforation is very rare and lethal complication of acute cholecystitis. Early diagnosis of such patient is very important which could be done by clinically and radiologically in combination.

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