IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 17, Issue 2 Ver. 9 February. (2018), PP 21-22
www.iosrjournals.org

Cholecystogastric Fistula: A Rare Complication of Gallstones

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Abstract: *Cholecystogastric fistula is a rare but possible complication of cholelithiasis. Symptoms of cholecystogastric fistula are usually minimal and/or non-specific, and preoperative diagnostic tools often fail to show such a rare condition, hence diagnosis is often achieved intraoperatively. We report a case of 54 year old female presented to us with complaints of right upper abdomen pain. Provisional diagnosis of cholelithiasis was made and intraoperatively a cholecystogastric fistula was found for which cholecystectomy and primary repair of gastric opening of the fistula was done. Post-operative stay of patient was uneventful and patient was discharged successfully.Cholecystogastric fistula is a rare entity which requires a high degree of suspicion to diagnose it preoperatively. Even if it is diagnosed intraoperatively, it can be managed appropriately with surgery.*

Keywords: *Cholecystogastric fistula, cholelithiasis*

Date of Submission: 06-02-2018 Date of acceptance: 20-02-2018

I. Introduction

Cholecystogastric fistula is a rare but possible complication of cholelithiasis. The most common type of biliary enteric fistula is Cholecystoduodenal fistula (70%) followed by cholecystocolic fistula (10-20%) and the least common cholecystogastric fistula (1-3%). Symptoms of cholecystogastric fistula are usually minimal and/or non-specific, and preoperative diagnostic tools often fail to show such a rare condition, hence diagnosis is often achieved intraoperatively.

II. Case Report

A 54 year old female presented with right upper abdomen pain for 6 months. Pain was often aggravated by taking fatty meals. There was no history of previous hospitalization for the same and patient did not have any jaundice. She was a known case of hypertension for which she was taking Telmisartan and Amlodipine. On hematological and biochemical investigation her Hb was 11.0g, TLC were 6000, platelets were 1.5 lacs, blood urea – 14, random blood sugar – 124, serum sodium – 136, serum potassium – 4.5, SGOT/PT – 70/40, serum ALP – 127 and viral markers were non-reactive. Her chest x ray was normal. Her abdominal ultrasound showed a contracted gall bladder with wallechoshadow complex suggestive of calculus, however the thickness of gallbladder wall was normal. Pre-operative checkup was done and patient was admitted and planned for elective laparoscopic cholecystectomy.

Standard four ports for cholecystectomy were inserted and a laparoscope of 30 degrees was used. Dense adhesions were present between gall bladder and omentum and stomach. We converted it to open cholecystectomy and found GB shrunken and fibrosed. On further dissection, a cholecystogastric fistula was found as shown in Fig. 1 & 2. A gall stone of size 1 cm was found inside gallbladder. We proceeded with cholecystectomy and primary closure of gastric opening of the fistula. A drain was put in subhepatic space.

Post-operatively the patient remained stable. Abdominal drain and nasogastric tube were taken out on fourth post-operative day when clear water sips were started followed by semisolid and solid diet as the patient tolerated them. Patient was discharged on 7th post-op day under all satisfactory conditions.

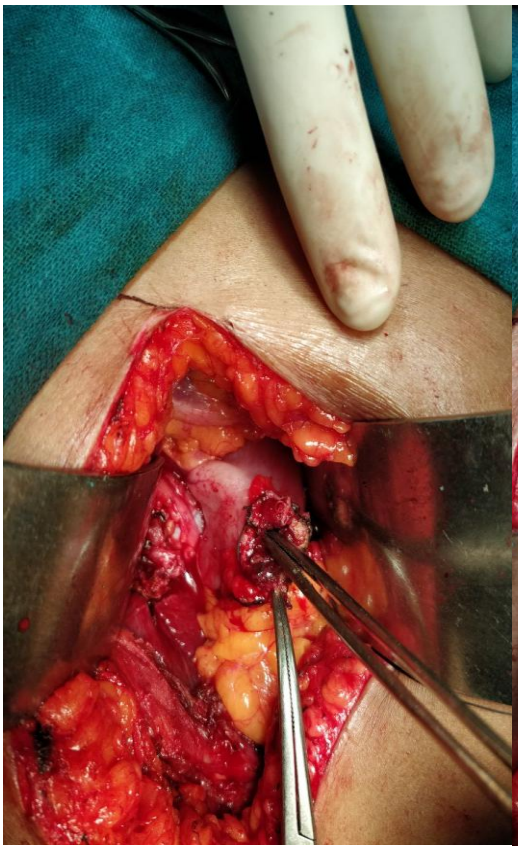

Fig. 1

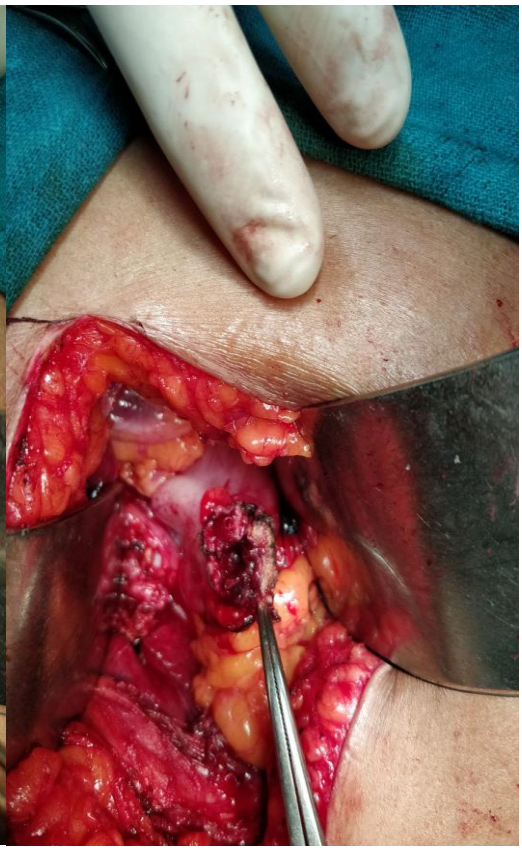

fig. 2

III. Discussion

Gall stones are the most common afflictions of the hepatobiliary system. Most often they remain asymptomatic or they may cause multiple problems. Biliary fistulas occur in 3-5% of patients with gallstones[1]. The most common type of biliary enteric fistula is cholecystoduodenal fistula(70%) followed by cholecystocolic fistula (10-20%) and the least commoncholecystogastric fistula (1-3%). The most common cause is pressure necrosis due to an impacted gallstone usually in the neck of gallbladder, which may erode into duodenum, colon or stomach [2]. The most common aids in diagnosis are plain film abdomen which reveals pneumobilia, ultrasonography and ERCP [3]. Although a diagnosis of cholecystoenteric fistula is rarely suspected clinically but it should be considered in patients with recurrent attacks of acute cholecystitis and the evidence of pneumobilia.

IV. Conclusion

Cholecystogastric fistula is a rare entity which requires a high degree of suspicion to diagnose it preoperatively. Even if it is diagnosed intraoperatively, it can be managed appropriately with surgery.

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Ranga HR "Cholecystogastric Fistula: A Rare Complication of Gallstones. "IOSR Journal of Dental and Medical Sciences (IOSR-JDMS), Volume 17, Issue 2 (2018), PP 21-22.