

IMAGE | BILIARY

Delayed Spontaneous Passage of Gallstones via Cholecystocutaneous Fistula

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CASE REPORT

An 80-year-old woman presented with acute cholecystitis. On admission she was pyrexical and tachycardic with raised serum inflammatory markers. Computed tomography (CT) confirmed the diagnosis. She had significant morbidity from multiple sclerosis. She had left paresis and was wheelchair-bound. In view of her poor baseline function, the infection was managed with a percutaneous cholecystostomy drain. She recovered well with intravenous antibiotics and drainage of the infected gallbladder. After removal of the cholecystostomy, the drain track failed to heal and subsequently formed a cholecystocutaneous fistula (Figure 1). She managed well after the removal procedure, although the fistula was draining 200–300 mL turbid fluid daily. Two years later she passed 3 gallstones through the fistula, the largest being 5 cm in size (Figure 2). A follow-up CT scan showed an additional stone within the tract (Figure 3). The patient remains asymptomatic, so the plan is to wait for this to pass as well.

Percutaneous cholecystostomy is a safe and effective way to manage acute cholecystitis in patients unsuitable for surgery.¹ The incidence of cholecystocutaneous fistulas is low, and most form spontaneously due to untreated cholecystitis or are associated with malignancy of the gallbladder.^{2,3} An alternative management option for patients who are not suitable for surgery is to use endoscopic gallbladder drainage with a lumen-apposing metal stent (LAMS). This has been shown to be comparable to percutaneous drainage both in clinical outcomes and adverse events.⁴

There are few articles in the literature describing the passage of gallstones through cholecystocutaneous fistulas formed via previous percutaneous cholecystostomy.^{5,6} In these cases, the reported gallstones were smaller than the 5-cm stone seen in this patient. To our knowledge there are no reports of spontaneously passed gallstones 2 years after cholecystocutaneous fistula formation.



Figure 1. Cholecystocutaneous fistula formation after the removal of the cholecystostomy.



Figure 2. Three gallstones passed through the fistula, the largest 5 cm in size.

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Figure 3. Follow-up CT scan showing the presence of a stone within the tract.

DISCLOSURES

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