A rare complication of laparoscopic cholecystectomy

G.S. Sandhu, P. Gupta[1], T.D. Yadav[2], S.K. Sinha[1]

Department of Radiodiagnosis, (1) Section of Radiology (Department of Gastroenterology) ; (2) Department of General Surgery, Postgraduate Institute of Medical Education and Research, PGIMER ,Chandigarh, India.

A 45-year-old man with history of laparoscopic cholecystectomy 5 years back, presented with discharge from the port-site. On examination, there was pus discharge from the port-site. Laboratory parameters were within normal limits. Review of surgical records revealed that Calot's triangle was frozen. The cystic duct was friable due to a large impacted calculus and it got sloughed off during dissection. There was no active bile leak and suturing was not possible. In the post-operative period, patient underwent endoscopic retrograde cholangiopancreatography and stenting. Patient underwent magnetic resonance cholangio-pancreatography (MRCP) at present admission (Figure 1 A and B). What is your diagnosis?

MRCP revealed gallbladder stump with calculi and a fistulous tract extending from the stump to the anterior abdominal wall. CBD was normal in caliber. A diagnosis of post-laparoscopic cholecystectomy cholecystocutaneous fistula was made. Patient underwent completion cholecystectomy and excision of the tract. He was doing well at last follow up. Cholecystocutaneous fistula develops between gallbladder and skin. Majority of the cases are associated with cholelithiasis. Carcinoma gallbladder, acalculous cholecystitis and percutaneous cholecystostomy are rare causes. Common complications following laparoscopic cholecystectomy include hemorrhage, gallbladder perforation and bile duct injury. Gallbladder stump with residual calculi and cholecystocutaneous fistula have not been reported to the best of our knowledge. Management involves completion cholecystectomy and excision of fistulous tract.

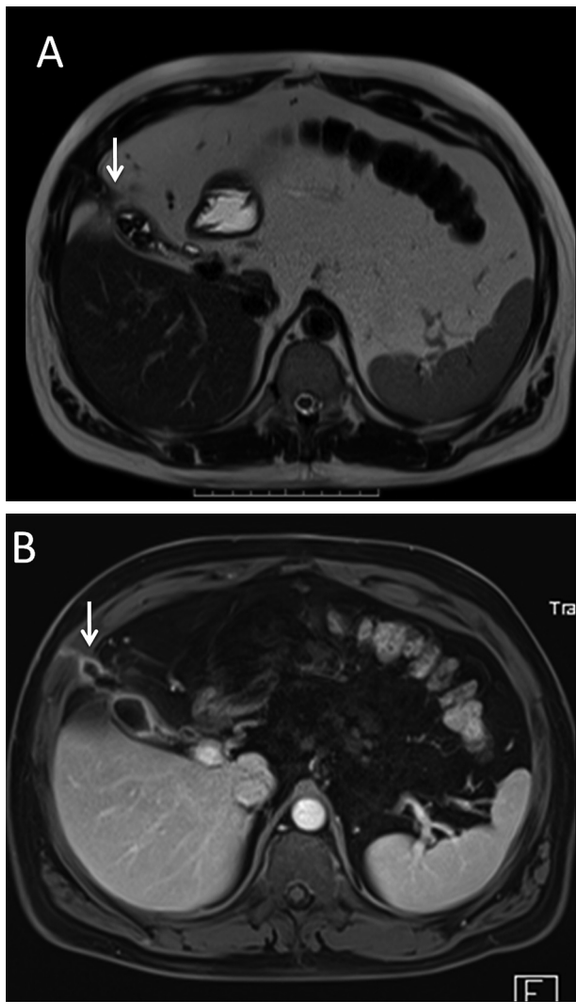

Figure 1A and 1B.

Conflict of interest

None

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Correspondence to : Dr. Pankaj Gupta, Department of Gastroenterology, Section of Radiology, PGIMER, Chandigarh, India . Phone : +918194896927.
E-mail : pankajgupta959@gmail.com

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