

INCIDENTAL FOLLICULAR CHOLECYSTITIS WITH PERIDUCTAL FIBROSIS ON LIVER BIOPSY: RARE FINDINGS

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Introduction

- Follicular cholecystitis (FC) is a rare entity found, it is found in 0.1-1% of patients with chronic cholecystitis.^{1,2}
- When lymphocyte proliferation leads to the formation of prominent lymphoid follicles in the wall, the term “follicular cholecystitis” is applied.¹
- This pathologic finding has been associated with extrahepatic biliary obstruction distal to the gallbladder, such as primary sclerosing cholangitis, choledocholithiasis, and distal biliary strictures.

Case Report Information

- As cholecystectomy is one of the more prevalent operations for general surgeons, we hope to bring awareness to this rare but significant pathology.
- Further clinical evaluation may be warranted to exclude a distal biliary tract obstruction in patients with histologic findings of FC with routine cholecystectomy.

Presentation of the Case

- 32-year-old female with past medical history significant for obesity presented with symptoms of postprandial nausea and spasmodic abdominal pain.
- Lab work up: elevated LFTs (AST 98, ALT 129) and alkaline phosphatase (229), negative viral markers for Hepatitis A, B and C, negative autoimmune markers, negative for Wilson’s disease, alpha-1 antitrypsin deficiency, hemochromatosis.
- EGD was performed and demonstrated gross erosive gastritis with biopsies consistent with reactive gastritis.
- An abdominal ultrasound was performed with findings adenomyosis and possible gallbladder polyps or adherent stones.
- Due to her persistent symptoms and no clear clinical diagnosis, the patient was referred to surgery and a routine laparoscopic cholecystectomy with liver biopsy was performed.



Image 1: Gross specimen, gallbladder

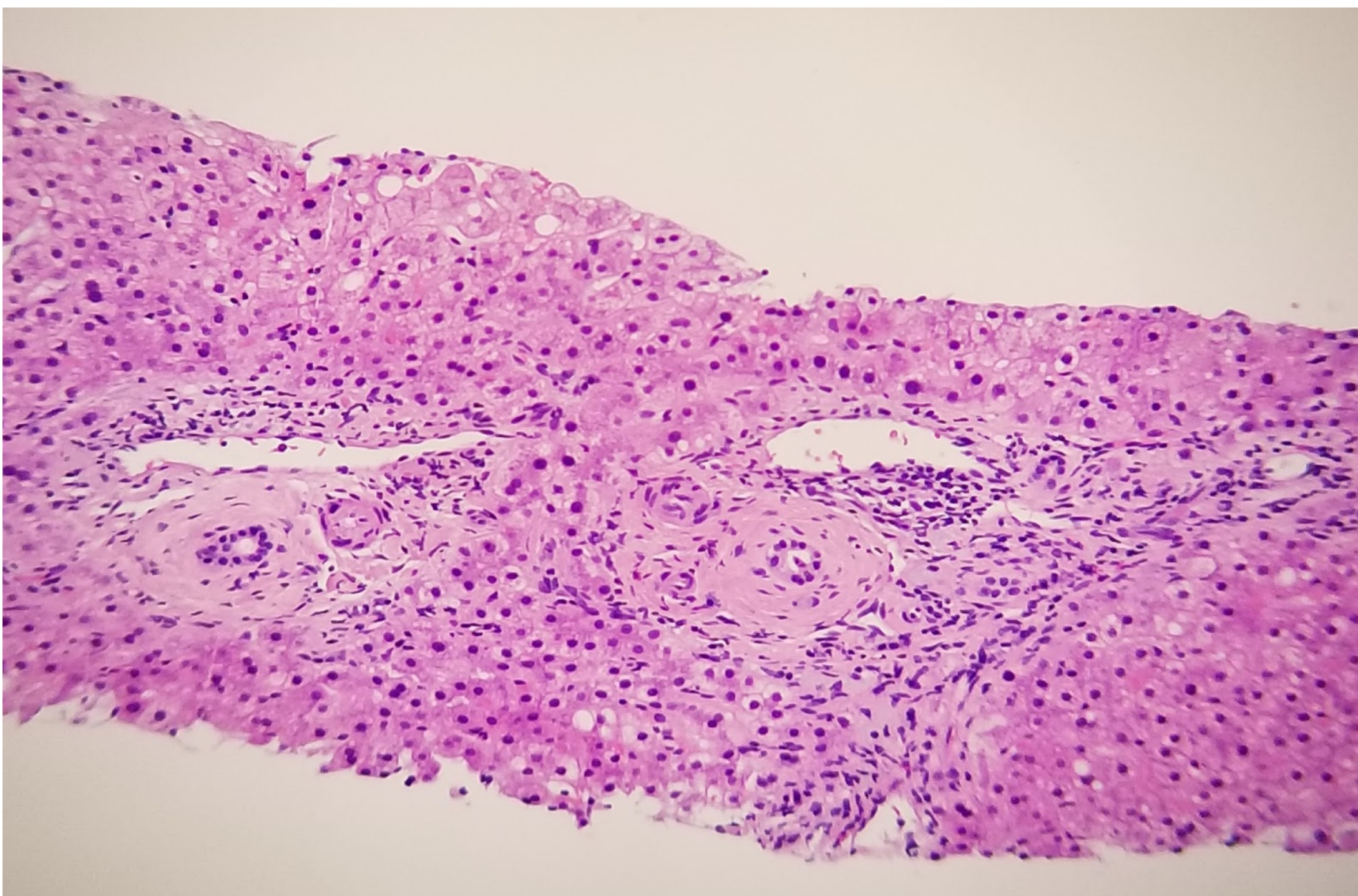


Image 2: Liver biopsy showing focal periductal fibrosis around bile ducts.

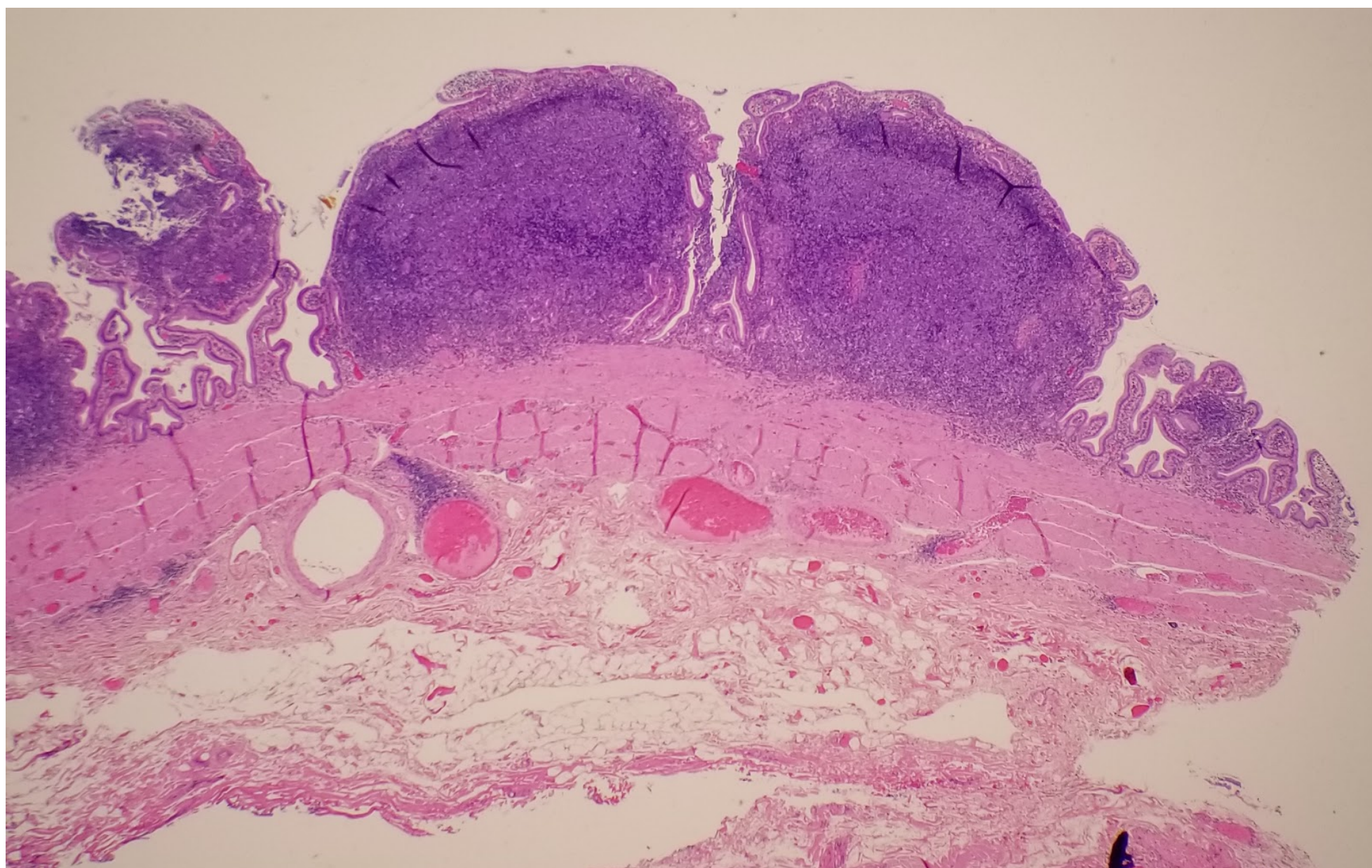


Image 3: Microscopic evaluation of gallbladder showing reactive lymphoid follicles.

Results

- On pathology, the gallbladder was found to have chronic, active follicular cholecystitis with cholelithiasis.
- Percutaneous needle liver biopsy revealed the following: focal, mild periductal fibrosis, mild portal fibrosis with minimal mixed micro- and macro vesicular steatosis, and no significant steatohepatitis.

Discussion

- FC is strongly associated with extrahepatic biliary obstruction distal to the gallbladder, but it has not been previously associated with liver fibrosis. First documented case of FC with associated hepatic findings on pathology.
- One retrospective review evaluates 19,262 cholecystectomies over a 26.5 year period with 0.2% of patients found to have FC. In this review, 76.7% of patients had an identifiable distal obstruction in the bile duct due to cholelithiasis, choledocholithiasis, sclerosing cholangitis, or a neoplasm in the pancreatic head or ampulla.² However, in all subjects in this study, there were no abnormal hepatic findings.

Conclusions

- Our case is unusual due to the findings of hepatic periductal fibrosis with follicular cholecystitis.
- Follicular cholecystitis is strongly associated with extrahepatic biliary obstruction distal to the gallbladder but it has not been documented it to be associated with any hepatic findings or pathology.

Bibliography

1. Elwood, D. R. Cholecystitis. Surg. Clin. North Am. 88, 1241-52, viii (2008).
2. Salari, B., Rezaee, N., Toland, A. & Chatterjee, D. Follicular cholecystitis: clinicopathologic associations. Hum. Pathol. 88, 1-6 (2019).