Case Report: Cholecystocolonic Fistula Requiring Right Hemicolectomy and Subtotal Cholecystectomy

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INTRODUCTION

Gallstone Ileus is a well-studied complication of cholecystitis. Standard surgical management involves exploratory laparotomy and enterotomy to extract stones. While a fistula between gallbladder and colon is the second most common location for this complication, clinical signs are less specific, imaging findings vary and surgical approaches are debated.

We report a unique case of **cholecystocolonic fistula** that was determined preoperatively and ultimately required exploratory laparotomy, hemicolectomy and subtotal cholecystectomy.

CASE PRESENTATION

A 66-year old man with history of recent cholangitis presented to our ED in septic shock with diffuse abdominal pain. Workup revealed leukocytosis with bandemia, lactic acidemia and mild transaminitis with normal bilirubin.

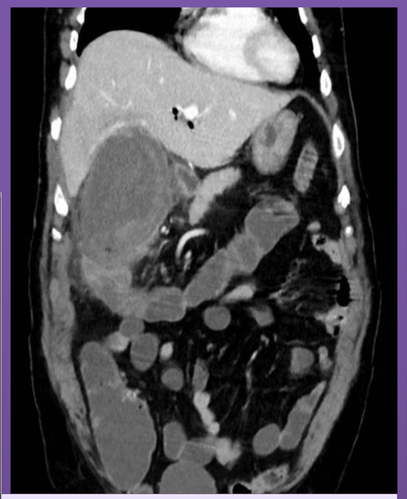
Abdominal ultrasound demonstrated a large frond-like mass in the gallbladder without reported wall thickness, pericholecystic fluid, nor Murphy's sign. A **CT abdomen/pelvis** was subsequently obtained.

The patient was taken to the Operating Room for Exploratory Laparotomy.

IMAGING

CT abdomen/pelvis: Gallbladder-Colon Fistulization



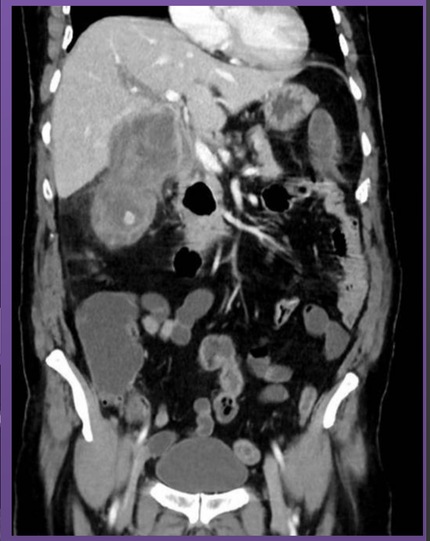


CT abdomen/pelvis



Ultrasound

CT abdomen/pelvis: Gallstone in Colon



OPERATION

The visible anterior gallbladder was necrotic. It was filled with pus and stool with a large **fistula to the right colon**. The anterior gallbladder wall was adhered to the gastric antrum and proximal duodenum, while the posterior wall was contiguous with a liver abscess.

Right and transverse colon were mobilized. The ileum was divided proximal to the ileocecal valve and the colon was divided at the level of the middle colic vessels.

Anterior gallbladder was safely removed in a subtotal cholecystectomy. The posterior wall was debrided and stones and stool were removed.

A side-to-side ileo-colostomy was performed and drain placed

CONCLUSIONS

As most cholecystocolonic fistulae are incidental operative findings, this case is unique with CT imaging demonstrating the fistula preoperatively. Postoperative complications specific to cholecystocolonic operations warrant further study.

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