WHEN BILE STRIKES BACK: A DELAYED POST-CHOLECYSTECTOMY BILOMA

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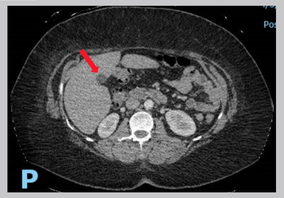
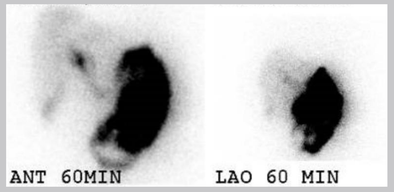
INTRODUCTION

- Bilomas, or localized bile collections from biliary leaks, are a known complication of cholecystectomy.
- They typically present within the first postoperative week.
- Delayed presentations (> 4 weeks) are exceedingly rare, especially after an uncomplicated robotic cholecystectomy, and can mimic other fluid collections like seromas or abscesses.
- This case highlights an unusual delayed presentation to emphasize vigilance in evaluating persistent postoperative symptoms.

CASE PRESENTATION

- Patient: 52-year-old female with diabetes mellitus.
- Procedure: uncomplicated robotic cholecystectomy for chronic cholecystitis.
- Presentation: 1 month post-op
  - Persistent, worsening right upper quadrant (RUQ) and periumbilical pain.
  - Subjective chills.
- Lab: mildly elevated inflammatory markers.





IMAGING & DIAGNOSIS

- **CT abdomen/pelvis:**
  - Revealed a 1.6 cm fluid collection in the gallbladder fossa, concerning for a seroma vs. biloma.
- **HIDA scan:**
  - Confirmed an active bile leak originating from the gallbladder fossa.
- **Diagnosis:**
  - Delayed post-cholecystectomy biloma from a cystic duct stump leak.

MANAGEMENT & OUTCOME

- **Procedure:**
  - Underwent outpatient endoscopic retrograde cholangiopancreatography (ERCP).
- **Findings:**
  - Cystic duct stump leak confirmed. Sludge cleared from the common bile duct.
- **Intervention:**
  - Biliary stent placed across the leak.
- **Post-procedure:**
  - Patient returned to the ED with abdominal pain radiating to the back (negative for post-ERCP pancreatitis). Symptoms resolved with supportive care.
- **Follow-up:**
  - Successful outpatient stent removal.

DISCUSSION

- This case represents an atypical delayed presentation of a post-cholecystectomy biloma (> 4 weeks).
- Delayed bilomas can mimic other fluid collections, complicating and delaying diagnosis.
- CT is useful for initial detection, but a HIDA scan is crucial for functional confirmation of an active leak.
- ERCP with biliary stenting remains the gold-standard, minimally invasive treatment for cystic duct leaks, providing effective even in delayed cases.

CONCLUSION

- Maintain a high index of suspicion for biliary leaks in patients with persistent abdominal pain after cholecystectomy, regardless of the time elapsed since surgery.
- Awareness of delayed biloma presentations facilitates timely diagnosis and minimally invasive management, reducing patient morbidity.
- Even uncomplicated robotic procedures can lead to delayed biliary complications, reinforcing the need for careful postoperative evaluation.

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