Impact Surgery

Clinical Image

e-ISSN: 3033-4470

Clinical image of a cholecystocutaneous fistulation from chronic cholecystitis

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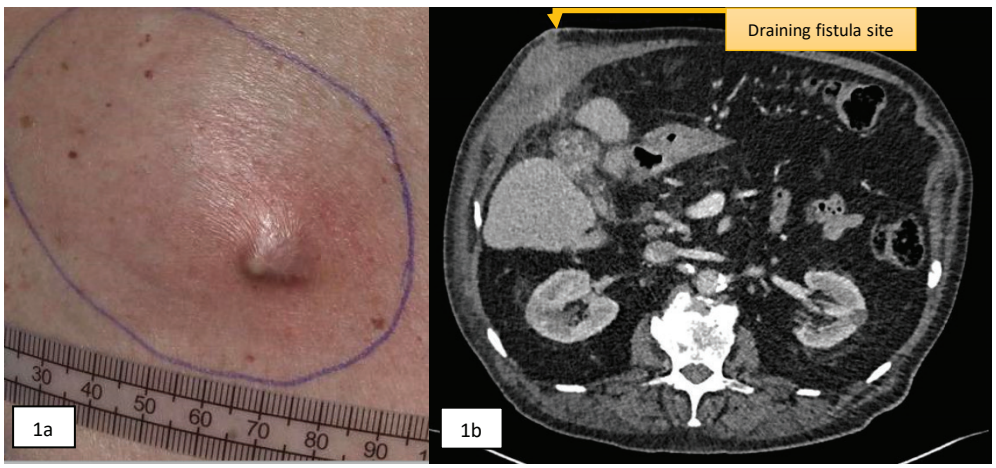

Figure 1a. Pointing abscess in the right upper abdomen.
Figure 1b. An enhancing tissue extending from the gallbladder fossa to the thickened right subcostal abdominal wall, indicative of ongoing inflammation, with a small continuation of the track to the cutaneous surface representing a draining fistula.

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Clinical Case: A 90-year-old man presented with a 6x7 cm tender, hard, non-fluctuant, indurated, erythematous lump and a pointing abscess in the right upper abdomen (Figure 1). CT abdomen and pelvis with contrast revealed a cholecystocutaneous fistula (CCF) with an inflammatory abdominal wall mass secondary to chronic gallbladder infection with gallstones (Figure 2). Treatment involved incision and drainage of the anterior abdominal wall, under local anaesthesia, and oral co-amoxiclav. CCF is a type of external biliary fistula that connects the gallbladder with the skin [1]. CCF can be spontaneous due to untreated or neglected gallbladder disease as in this case [2] or following previous interventions such as percutaneous cholecystostomy [3]. Patients are often elderly and frail and aggressive surgery is best avoided.

Conflicts of interest: None declared; no funding was received for this article.

Consent: Full written consent has been obtained from the patient and is held by the authors.

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Cite as: Sharma, A., & Griffiths, E. Clinical image of a cholecystocutaneous fistulation from chronic cholecystitis . *Impact Surgery*, 2(4), 149. https://doi.org/10.62463/surgery.110