A Case of Acute Acalculous Cholecystitis associated with Gallbladder Cancer Diagnosed after EUS

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Background

• Gallbladder cancer (GBC) is an uncommon but highly fatal malignancy. Gallstones are present in 70 to 90 percent of patients with GBC. The poor prognosis associated with GBC is thought to be related to advanced stage at diagnosis, which is due both to the anatomic factors of the gallbladder, and the vagueness of symptoms.

• Here, we present an interesting case of acute acalculous cholecystitis which was diagnosed as GBC after endoscopic ultrasonography (EUS).
Case description - 1

• A 63-year-old man visited to an emergency room because of right upper quadrant (RUQ) abdominal pain for two days. He had medical history of ruptured cerebral arterial aneurysm which was treated by trans-arterial embolization 10 years ago and hypertension. The patient had fever up to 38.2°C and tenderness at RUQ abdomen. The Murphy’s sign was positive.

• Initial laboratory tests showed elevated white blood cell count and liver function test.

• The CT scan revealed a distended gallbladder and inflammation of the surrounding tissues; however, no gallstone was present.
Case description - 2

• Emergent gallbladder drainage was performed under radiologic guidance via a percutaneous approach. After the procedure, pain and fever was subsided. The cholecystogram via percutaneous tube showed a filling defect in the cystic duct.

• Subsequent EUS revealed a 1 cm hypoechoic intraluminal mass at cystic duct. The lesion seemed to obstruct the cystic duct.
Laparoscopic cholecystectomy was performed at first, and the frozen pathologic examination revealed adenocarcinoma in the cystic duct.

The extended cholecystectomy was performed after a month and there was no residual tumor in the liver bed and LNs.

The final staging of GBC was revealed as pT2N0M0. He receives adjuvant chemoradiation therapy.
Thank you for your interest!