Cholecysto-duodenal Fistula Managed Laparoscopically

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A rare case of cholecysto-duodenal fistula was discovered intra-operatively during elective laparoscopic cholecystectomy. The fistula was repaired and cholecystectomy was done. The patient recovered fully.

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Laparoscopic Cholecystectomy was rapidly established as the procedure of choice for removal of gallbladder in patients with symptomatic gallstones. Cholecysto-enteric fistula is an uncommon finding at surgery for gallstones disease, a reported incidence of 0.15%–4.8%. Patients’ symptoms are often subclinical and preoperative radiological detection of cholecysto-enteric fistula is low.

Cholecysto-enteric fistula is one of the relative contraindications of laparoscopic cholecystectomy and might be a reason for conversion to open surgery.

The aim of this presentation is to highlight the rare findings of cholecysto-enteric fistula during laparoscopic cholecystectomy.

THE CASE

Twenty-four year old female Ethiopian not known to have any previous medical illness, non-smoker and non-alcoholic presented to the accident and emergency department complaining of epigastric abdominal pain for three days duration, progressive in nature, radiating to the back, not relieved by analgesia, associated with loss of appetite, nausea and vomiting. She had history of similar previous attack. She was afebrile, not tachycardic and had normal blood pressure.

Slight tenderness of the upper abdomen and mild guarding at epigastrium but the rest of the abdomen was soft and lax. Murphy’s sign was negative.

Her blood workup revealed leukocytosis, elevated serum amylase (856 u/L) and elevated urinary amylase (13514 u/L). Abdominal ultrasound showed thickened contracted gall bladder with multiple gallstones, the largest measured 8 mm, see figure 1.

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