



CIRUGÍA y CIRUJANOS

Órgano de difusión científica de la Academia Mexicana de Cirugía
Fundada en 1933

www.amc.org.mx www.elsevier.es/circir



CLINICAL CASE

Spontaneous cholecystocutaneous fistula[☆]



Fernando Guardado-Bermúdez^{a,*}, Araceli Aguilar-Jaimes^a,
Fernando Josafat Ardisson-Zamora^a, Luis Alberto Guerrero-Silva^a,
Estefanie Villanueva-Rodríguez^b and Nubia Alondra Gómez-de Leija^c

^a Servicio de Cirugía General, Departamento de Cirugía, Hospital Civil de Ciudad Madero, Ciudad Madero, Tamaulipas, México

^b Servicio de Medicina Interna, Departamento de Cirugía, Hospital Civil de Ciudad Madero, Ciudad Madero, Tamaulipas, México

^c Servicio de Medicina General, Departamento de Cirugía, Hospital Civil de Ciudad Madero, Ciudad Madero, Tamaulipas, México

Received 10 June 2013; accepted 21 January 2014

KEYWORDS

Biliary fistula;
Cholecystocutaneous;
Fistulogram

Abstract

Background: Spontaneous cholecystocutaneous fistula is defined as a gallbladder communication with the external environment through the abdominal wall rupture. The first reports were written in the seventeenth century by Thilesus. During the past 50 years, 25 cases have been reported.

Clinical case: The case is presented of a 30-year-old woman, who had a five-year history of biliary colic. Six months prior to her medical assessment there was a leak of biliary material and gallstones spontaneously in the right upper quadrant. Fistulogram was performed with no evidence of obstruction. A cholecystectomy and resection of the fistula was subsequently performed.

Discussion: The biliary fistulas are an abnormal communication from the gallbladder into another surface. It is a rare condition nowadays, as it only occurs in 10% of patients with gallbladder lithiasis. Although the clinical signs of spontaneous cholecystocutaneous fistula clinic are more than evident, it is imperative to perform studies like ultrasound, tomography, and a fistulogram. The mainstay of treatment is cholecystectomy, resection of the fistula, and repair of abdominal wall defect.

Conclusion: The incidence of cholecystocutaneous fistula today is minimal and it seems that the current trend is to become an entity anecdotal. The subcostal abdominal examination approach remains as the first choice. The laparoscopic approach is an option reserved for the experienced surgeon.

© 2015 Academia Mexicana de Cirugía A.C. Published by Masson Doyma México S.A. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

[☆]Please cite this article as: Guardado-Bermúdez et al. Fístula colecistocutánea espontánea. Cirugía y Cirujanos. 2015; 83: 61-64.

*Corresponding author: Calle Miguel Ramos 606, Col. Luna Luna. C.P. 89519, Ciudad Madero, Tamaulipas, México. Teléfono: 01 (833) 1265 579.

E-mail address: fernandoguardadob@hotmail.com (F. Guardado Bermúdez).

PALABRAS CLAVE

Fístula biliar
Colecistocutánea;
Fistulograma

Fístula colecistocutánea espontánea**Resumen**

Antecedentes: Se define la fístula colecistocutánea espontánea como la comunicación de la vesícula biliar con el medio externo a través de la rotura de la pared abdominal; los primeros reportes escritos datan del siglo XVII por Thilesus. Durante los últimos 50 años, se han reportado 25 casos.

Caso clínico: Se trata de un paciente femenino, de 30 años, con cólico biliar de 5 años de evolución; 6 meses previos a su valoración, presenta salida de material biliar, así como litos, de manera espontánea en el hipocondrio derecho. Se realiza un fistulograma sin evidencia de obstrucción; posteriormente, se realiza colecistectomía, así como resección del trayecto fistuloso.

Discusión: Las fístulas biliares son una comunicación anómala de la vesícula hacia otra superficie; es una patología rara en nuestros días, ya que solo se presenta en un 10% de los pacientes con colecistopatía litiásica, si bien la clínica de la fístula colecistocutánea espontánea es más que evidente, es indispensable realizar estudios complementarios, como ultrasonido, tomografía y fistulograma. La base del tratamiento consiste en la colecistectomía, así como en la resección del trayecto fistuloso y la reparación del defecto en la pared abdominal.

Conclusión: La incidencia de fístulas colecistocutáneas en la actualidad es mínima y parece que la tendencia actual es a convertirse en una entidad anecdótica; la vía de abordaje para la exploración abdominal es la vía subcostal como primera opción. El acceso laparoscópico es una opción reservada para el cirujano experimentado.

© 2015 Academia Mexicana de Cirugía A.C. Publicado por Masson Doyma México S.A. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Background

Spontaneous cholecysto-cutaneous fistula is defined as the link between the gallbladder with the exterior by means of a rupture in the abdominal wall layers, all of which strengthens the fistulous tract. Even though there is evidence of the appearance of cholecysto-cutaneous fistulas, by putting the patient in ventral decubitus position in order to treat gallbladder disease, more than 2,000 years ago, the first written reports were found in the seventeenth century by Thilesus, who described this condition for the first time. Towards the nineteenth century, Courvoisier presented his series of 499 patients. During the past century, 70 cases have been reported and 25 of them in the last 50 years. Such tendency of reduction in the appearance of this nosologic condition is due to prompt diagnosis, as well as the development in the therapy used for treatment in the last two centuries. We submit the clinical case of a patient start-

ing her fourth decade, with no prior medical history of the condition, who developed a long-term evolution cholecysto-cutaneous fistula¹⁻⁴.

Clinical case

The patient was a 30-year-old woman, with no chronic-degenerative or surgical history, with multiple pregnancies, who suffered from pain in the right hypochondrium of 5 years of evolution, treated as acid peptic disease. 6 months before the assessment, she presented a lesion of 2 cm in the right hypochondrium, characterised by increased volume and effusion of purulent material. She was treated in an ambulatory manner at the general medicine service as a probable cutaneous abscess with local dermatological management; however, after 3 months, the patient presented a spontaneous effusion of biliary material, as well



Fig. 1 External orifice of cholecysto-cutaneous fistula.



Fig. 2 Ultrasound of abdominal wall.

Download English Version:

<https://daneshyari.com/en/article/4283468>

Download Persian Version:

<https://daneshyari.com/article/4283468>

[Daneshyari.com](https://daneshyari.com)