Case Report

Post Ercp Acute Acalculous Cholecystitis; Entity To Remember.

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Introduction:

Common complications associated with ERCP include—pancreatitis, bleeding, cholangitis, duodenal perforation.

Case Report:

We report here a 16 year old boy, a very rare complication of ERCP—acute acalculous cholecystitis, in a patient of EHPVO with symptomatic portal biliopathy who was subjected to ERCP. Patient underwent emergency partial cholecystectomy. Patient had a stormy post-operative course but eventually recovered.

Conclusion:

One needs to be aware of post ERCP acalculous cholecystitis, a life threatening complication for which endoscopic, percutaneous or surgical intervention should be done in a timely manner to avoid fatal outcomes

Keywords: Acute acalculous cholecystitis, ERCP complications.

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view of these findings partial cholecystectomy with ligation of cystic duct opening from within was performed. Postoperatively patient was put on higher antibiotics. On postop day 6, there was severe wound infection which grew same organisms [E.coli, Klebsiella] which were grown in GB bile. There was bilious discharge from wound on post-op day 8. Patient was subjected to repeat ERCP with CBD stent exchange. Subsequently bile discharge stopped by post-op day 12. Secondary suturing was done and patient discharged on post-op day 20. Subsequent follow-up for 4 months was uneventful. Patient has been advised life-long endoscopic surveillance.

Discussion
ERCP is a commonly performed procedure for various diagnostic and therapeutic indications in hepato-pancreato-biliary diseases. However it is associated with various life threatening complications such as – pancreatitis, bleeding, cholangitis, duodenal perforation. We have described here a case of acute acalculous cholecystitis following ERCP in a patient of EHPVO with symptomatic portal biliopathy. This patient had distal CBD stricture due to portal biliopathy with distended gall bladder. When patient was subjected to ERCP with sphincterotomy and CBD stenting, possibly the contrast must have entered the already distended gall bladder and along with enteric organisms must have caused acute acalculous cholecystitis. Patient was successfully managed, though with a stormy post operative course. As per our literature search, there are 4 case reports of emphysematous cholecystitis post ERCP in previously normal gallbladder,. Hence one needs to be aware of this life threatening complication for which endoscopic, percutaneous or surgical intervention should be done in a timely manner to avoid fatal outcomes.

Conclusion
One needs to be aware of post ERCP acalculous cholecystitis, a life threatening complication for which endoscopic, percutaneous or surgical intervention should be done in a timely manner to avoid fatal outcomes.

Clinical Message
Amongst various known and well described causes post ERCP acute abdomen, Acute acalculous cholecystitis caused by undrained contrast, retained in the gall bladder, should be kept in mind.

References