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Clinical Image

Cholangitis Due To Cholecysto-Hydatid Cyst Fistula.

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CLINICAL IMAGE

A 36-year-old female patient was referred to our department with the complaint of acute abdominal pain in the right hypochondrium, fever, and jaundice. Laboratory findings were suggestive of obstructive jaundice and an increase in infectious parameters.

Ultrasound and abdominal CT scan showed a 43*41*56 mm cystic formation of segment IVb of the liver communicating with the gallbladder via a fistula, as well as a discrete dilatation of the main bile duct (**Figure 1**).

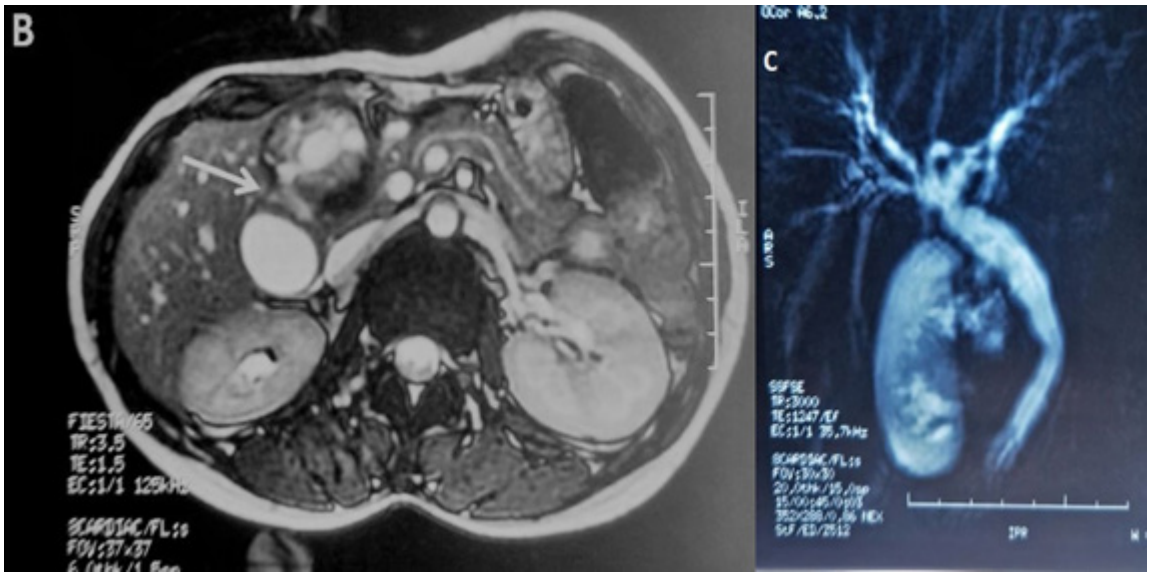
Figure 1. Computed tomography images of the thick-walled cyst compatible with hydatid cyst and a fistula between the gallbladder and the hydatid cyst.



MRCP revealed 4.5 cm liver cyst in segment IVb with internal echoes and irregular hyperintensities inside seen in direct communication with gallbladder and a heterogeneous T2 content of the vesicular fundus with no detectable lithiasis (**Figure 2, Panel B and C**). Common bile duct (CBD) was dilated with internal debris seen inside.

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Figure 2, Panel B and C. MRI showing a fistula between hydatid cyst and gallbladder. And a hydatid material in the CBD.



A diagnosis of rupture of a hydatid cyst into the gallbladder with a fistulous communication was made. The patient underwent a laparotomy, which confirmed the imaging findings of the fistula (**Figure 3**). The patient was treated: cholecystectomy fistulization was detected between the gallbladder and hydatid cyst. Pericystectomy was performed along with cholecystectomy following sterilization maneuvers for cyst hydatids, CBD exploration and T tube. The postoperative period was uneventful.

Figure 3. Photograph of the abdomen of the patient, showing the fistula between the cyst and the gallbladder.

