CASE REPORT

Biliocolonic Fistula Through Cystic Duct Remnant

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ABSTRACT

Cystic duct remnant-colonic fistula is a rare entity. Only a few cases have been reported in the literature. They usually arise after open or laproscopic cholecystectomy for gall stone diseases. Other causes may include malignancies and inflammatory bowel diseases. We are presenting a case of bilioenteric fistula involving cystic duct remnant and transverse colon in a female patient who had undergone open cholecystectomy five years before. JMS 2018; 21 (2):120-121

Keywords: Cholecystectomy, Cystic duct stump, Fistula, Colon

Case Report

47 years old lady presented with pain right upper abdomen and yellowish discoloration of eyes of one year duration. She had undergone open cholecystectomy 5 years back. Liver function tests of the patient showed obstructive pattern of jaundice with normal coagulogram and blood counts. Transabdominal ultrasonography revealed dilated intrahepatic biliary radicles (IHBR) with evidence of diffuse pneumobilia. Common bile duct (CBD) appeared dilated and contained 1.9×2.2 cm mixed echogenicity area near the lower end suggestive of soft calculus with debris. MRCP revealed dilated IHBR with pneumobilia, with CBD containing 23 mm calculus in its middle region with some debris. Patient underwent ERCP that showed Cystic duct stump calculus compressing Common Hepathic Duct (CHD). The stone couldn't be retrieved because of its large size and relatively nondilated lower end. Papillotomy was done and a plastic stent was deployed for endobiliary drainage. Patient was subsequently taken for open biliary exploration. During surgery she was found to have a communication between biliary tree and transverse colon through a cystic duct remnant. Cystic duct remnant was

excised. Transverse colon was repaired primarily. CBD was explored; stone, debris and biliary stent were retrieved. CBD was repaired over a T-tube which was removed after 4 weeks.

DISCUSSION

Bilioenteric fistulae are rarely encountered in surgical practice. Only a small number of cases have been reported till date. Abiad F et al reported biliary-colonic fistula through a cystic duct stump in a patient who had undergone laproscopic cholecystectomy in the past.^[1] Munene G et al described biliary colonic fistula in a patient after open cholecystectomy.^[2] Another case of biliary-colonic fistula following cholecystectomy with iatrogenic biliary injury was reported by Macedo FI et al. The fistulus tract existed between the CHD and large bowel.^[3] Ramos-De la Medina A et al described two cases of cholecysto-colonic fistulae, one in the context of cholelithiasis and the other secondary to adenocarcinoma of gallbladder.^[4] Chander VP et al also reported a case of choledocho-colonic fistula through a cystic duct stump secondary to distal CBD stricture.^[5] Another case of cystic duct remnant fistulisation to the gastrointestinal tract was described by Woods MS et al.^[6] The authors emphasized on ERCP as diagnostic and potentially therapeutic modality of choice. If the endoscopy fails, operative therapy is indicated, including division of fistula, excision of cystic duct remnant and CBD

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ERCP image showing cystic duct stump stone.

MRCP showing dilated IHBR with pneumobilia with CBD stone

Intraoperative image demonstrating Cystic duct stump as communication between dilated CBD and transverse colon.

exploration.^[6]

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