

Title:

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Authors:

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Xanthogranulomatous cholecystitis: differential diagnosis between acute cholecystitis and gallbladder cancer

María del Mar Díaz-Alcázar¹, Eloísa Cervilla-Sáez de Tejada¹, Beatriz Zúñiga de Mora-Figueroa¹, Lucía Roldán Mateo² and Amparo Roa-Colomo¹

¹Digestive Diseases Clinical Management Unit. Hospital Universitario San Cecilio. Granada, Spain. ²Pathology Provincial Inter-center Unit of Granada. Hospital Universitario Virgen de las Nieves. Granada, Spain

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Correspondence: María del Mar Díaz Alcázar

e-mail: mmardiazalcazar@gmail.com

CASE REPORT

A 73-year-old female patient presented with right upper quadrant pain and vomiting and was negative for Murphy's sign. Blood tests showed dissociated cholestasis and an increase of acute phase reactants. Hydropic gallbladder with gallstones and mucosa with reticular appearance and a dilated bile duct were seen on abdominal ultrasound (Fig. 1). Abdominal magnetic resonance showed hydropic gallbladder with gallstones, thickened walls and a thick septum (Fig. 2), which was compatible with gallbladder cancer or xanthogranulomatous cholecystitis. Signs of acute cholecystitis and a perforation contained by inflammatory mass were observed by exploratory laparoscopy. The histological study of the gallbladder after cholecystectomy diagnosed chronic xanthogranulomatous cholecystitis with suppurative inflammation and an absence of neoplasia (Fig. 3).

DISCUSSION

Xanthogranulomatous cholecystitis is a rare disease related to bile extravasation in the gallbladder wall. This condition occurs due to the rupture of the Rokitansky-Aschoff sinuses, causing interstitial inflammation and the formation of xanthoma cells by phagocytosis of bile lipids (1). At the beginning, the symptoms may suggest acute cholecystitis. Complications include perforation, abscess formation and fistulous tracts to adjacent abdominal organs (1-3). Radiological findings can mimic gallbladder cancer, as in the presented case, thus histological examination is needed (1,2).

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Fig. 1. Ultrasound image that shows a hydroptic gallbladder with gallstones and mucosa with a reticular appearance.

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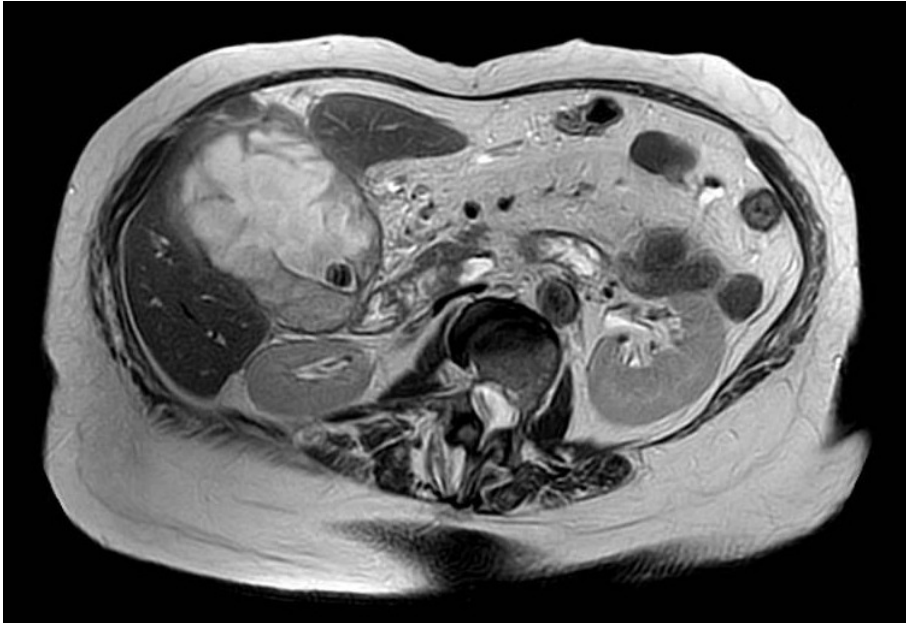


Fig. 2. Transverse section of abdominal magnetic resonance, which shows hydroptic gallbladder with gallstones, thickened walls and multiple thick internal septum.

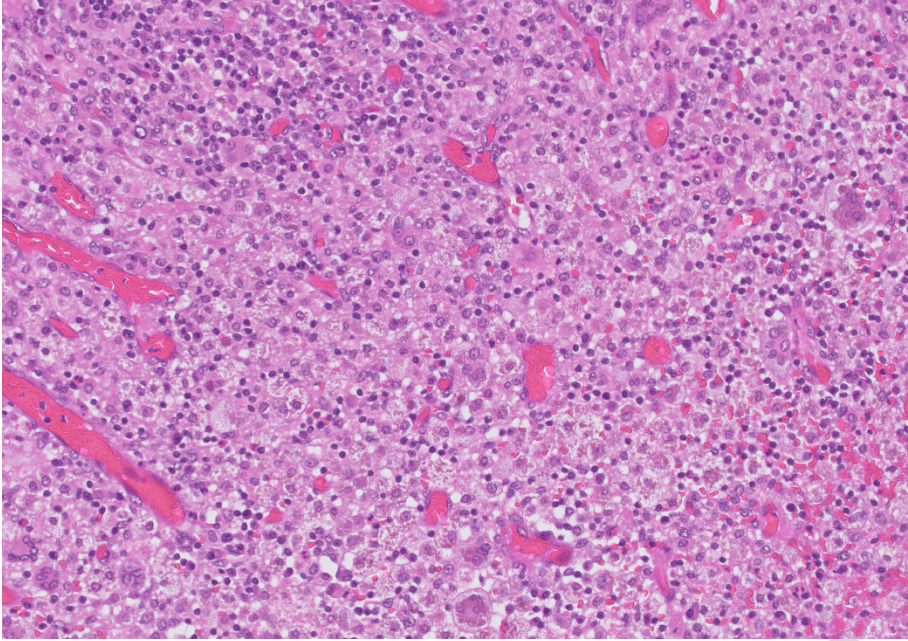


Fig. 3. Histological cut with hematoxylin-eosin staining at 20x. A representative area of the gallbladder wall is seen. Sparkling histiocytes, multinucleated giant cells and pigmented particles are also seen, as well as inflammatory infiltrate, which is predominantly chronic.