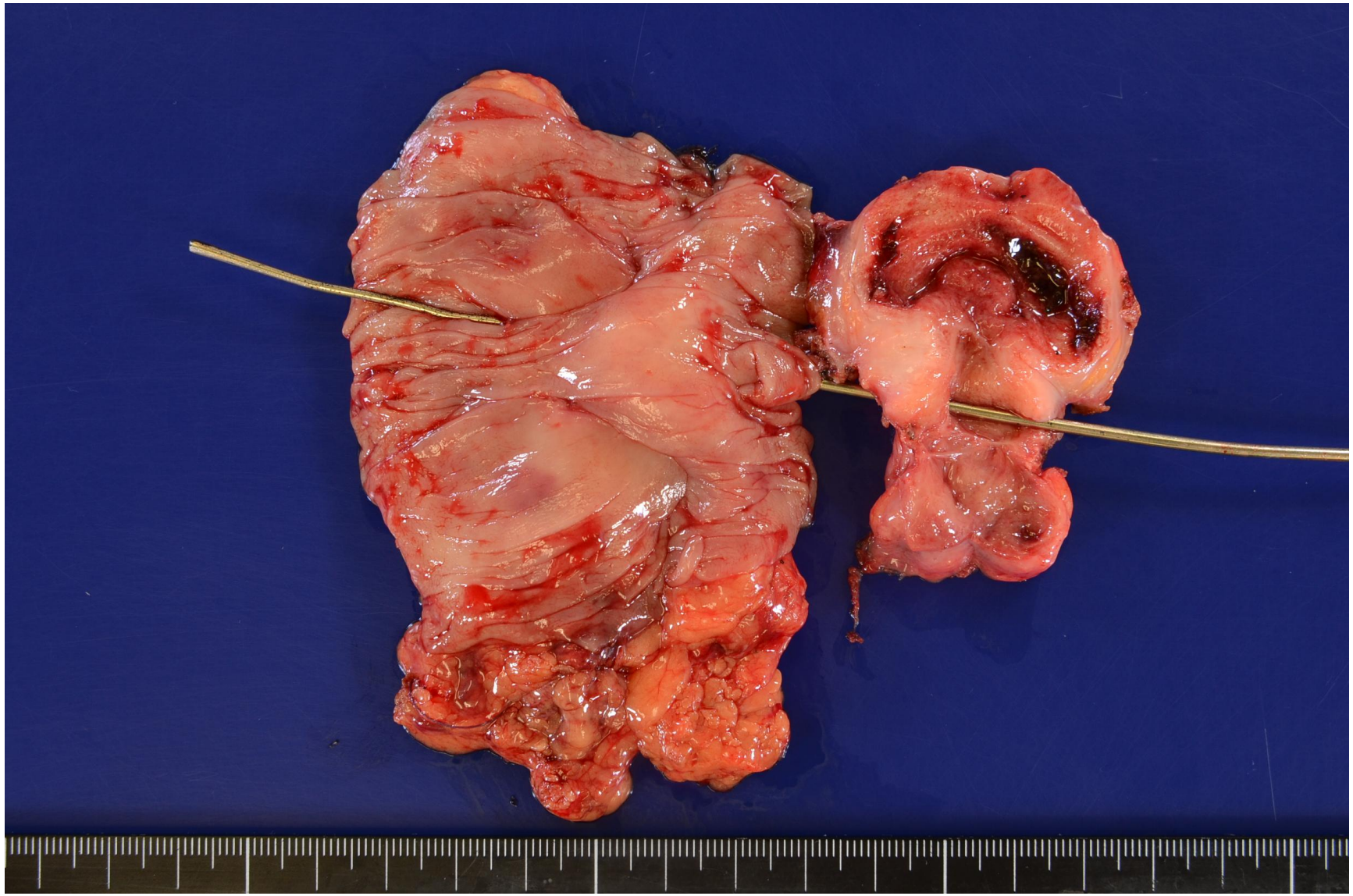
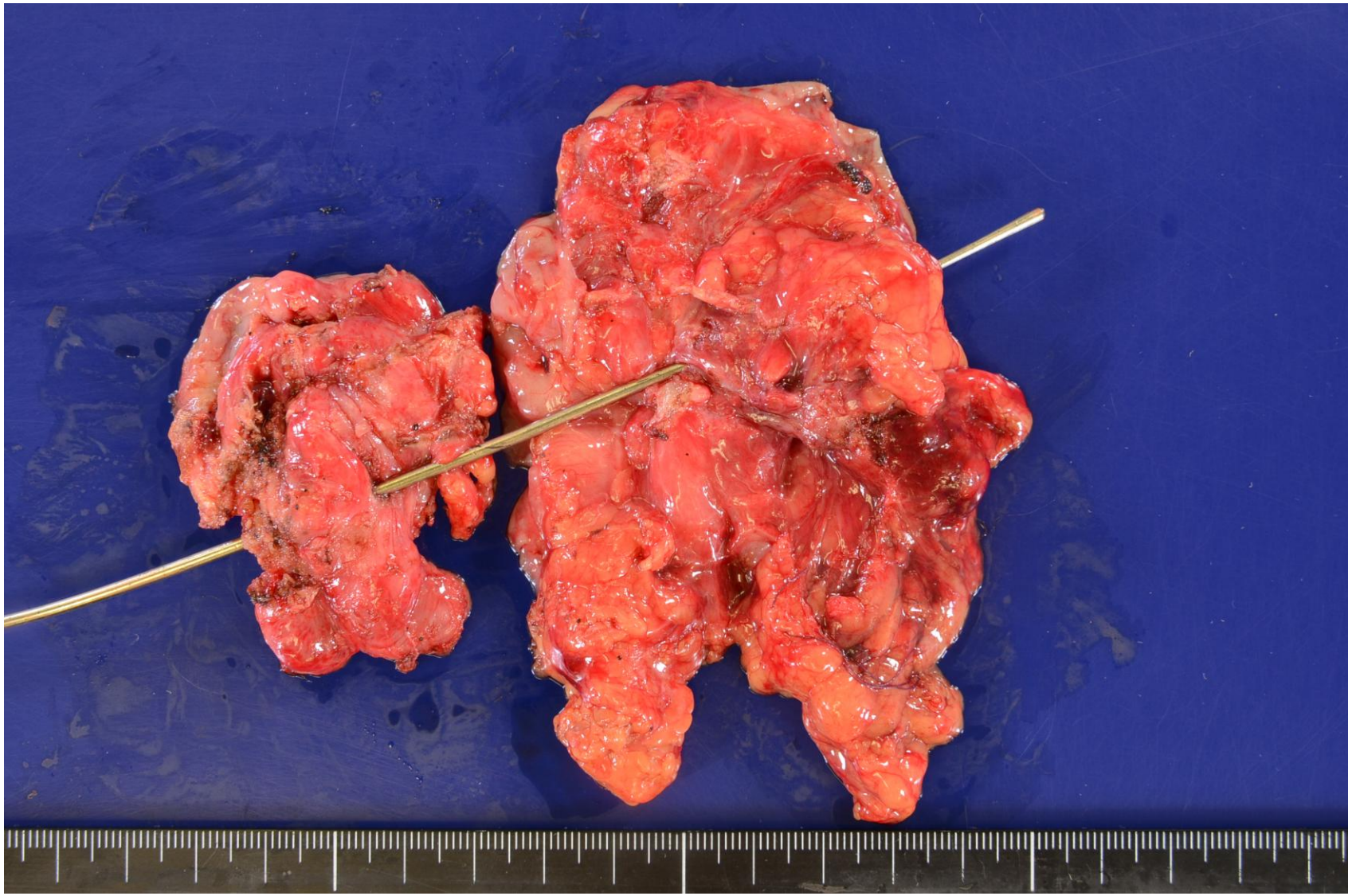
Cholecystocolonic fistula

Chronic cholecystitis can lead to fistula formation between the gallbladder and the surrounding structures, including the colon, duodenum, stomach and skin. The fistula may allow the gallstones to escape via the fistula, causing impaction downstream in the gastrointestinal to cause bowel tract obstruction. Cholecystocolonic fistula typically forms between the gallbladder and the hepatic flexure of the colon. Cholecystocolonic fistula is commonly incidentally discovered during cholecystectomy, while it may present with vague abdominal symptoms such as diarrhea, abdominal pain, fever, nausea, vomiting and weight loss. Microscopically, extensive "invasive" elongation of Rokitansky-Aschoff sinuses into the surrounding tissue results in the fistula formation. In the present case, the fistula tract extended to the transverse colon.

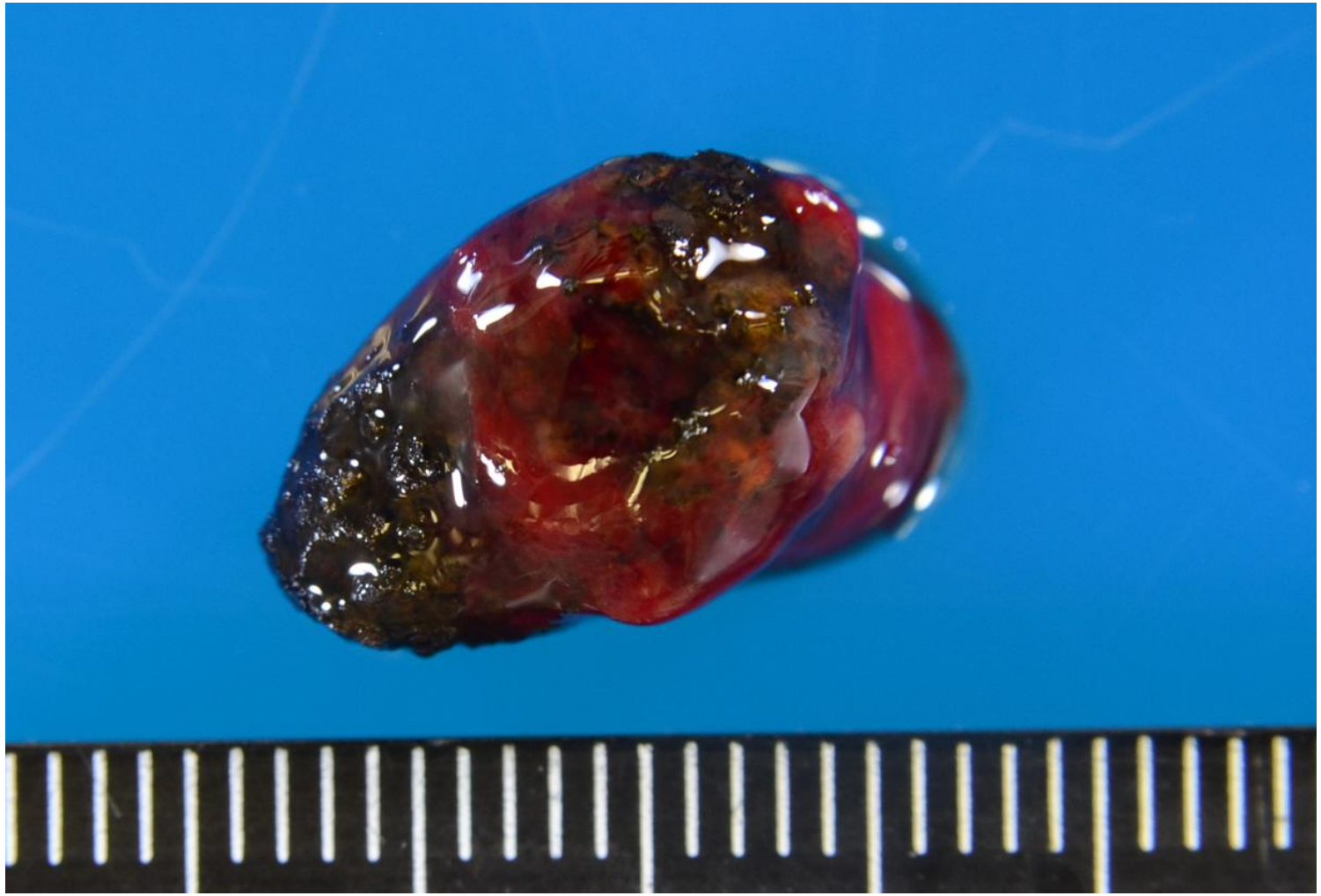
Ref.: Balent E, et al. Cholecystocolonic fistula. Hawaii J Med Public Health 2012; 71(6): 155-157. PMID: 22787563



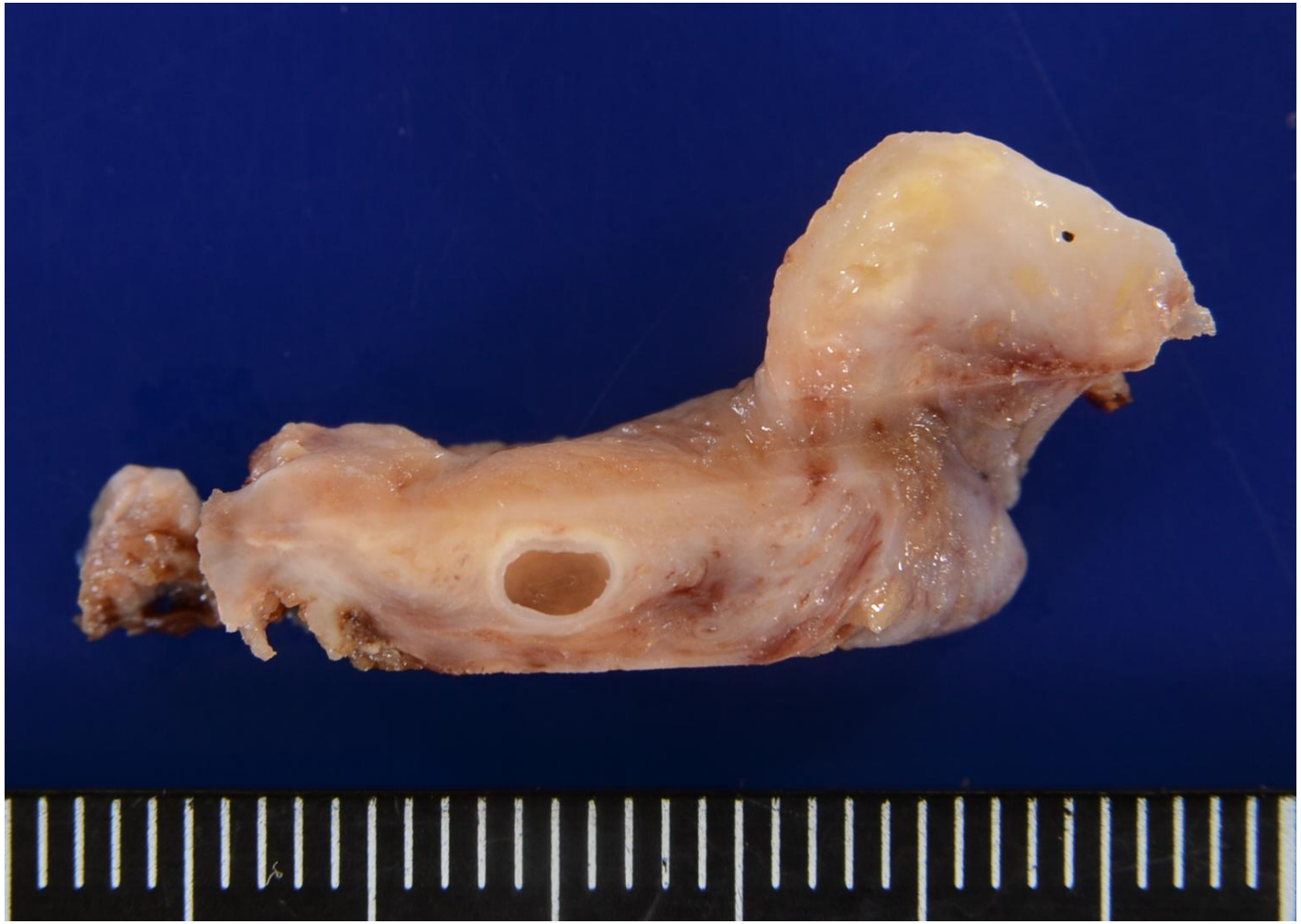
Cholecystocolonic fistula complicated with chronic cholecystitis seen in a 67-year-old male patient. A fistula is formed between the thickened gallbladder and the hepatic flexure of the transverse colon.



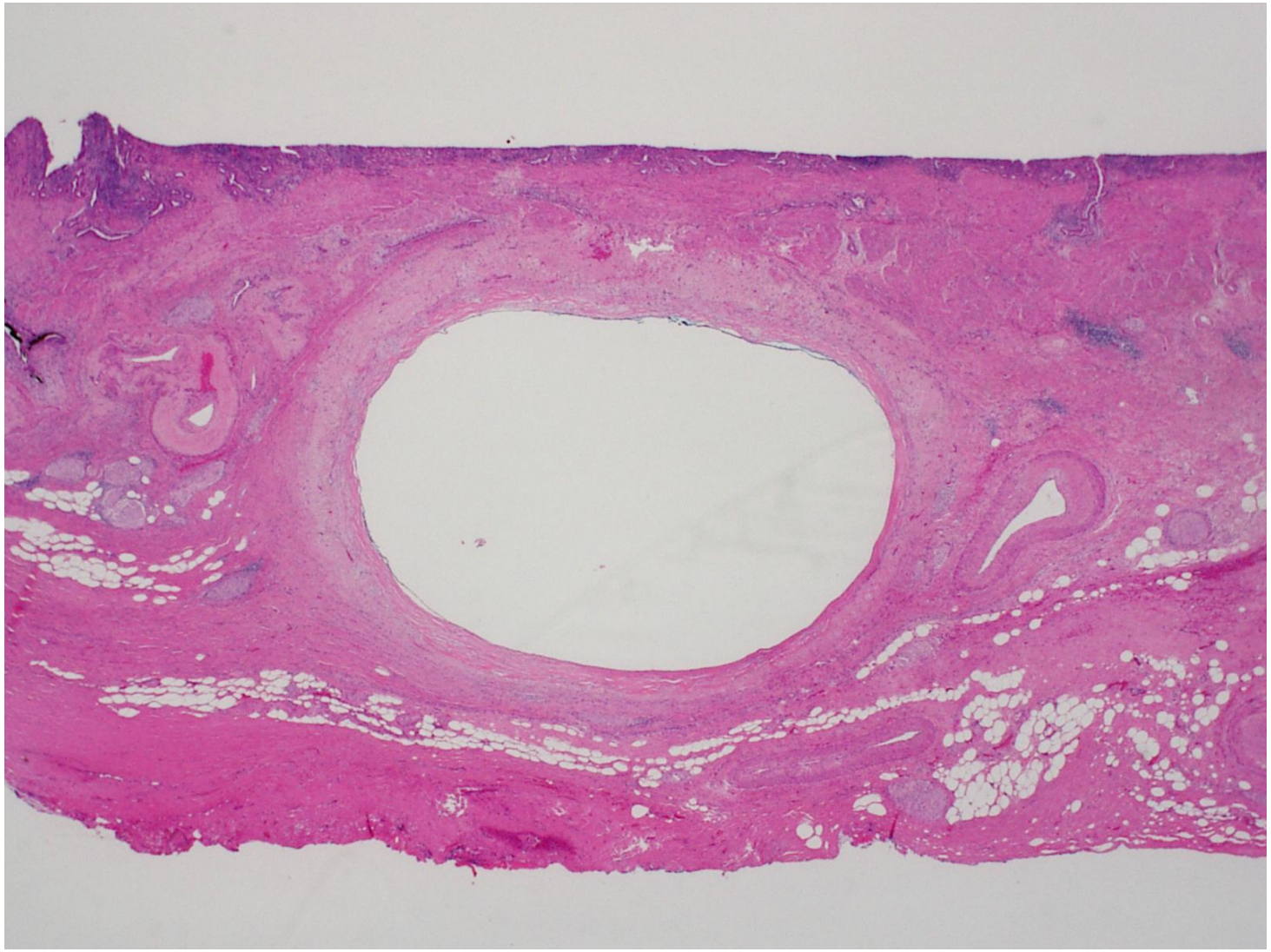
Cholecystocolonic fistula complicated with chronic cholecystitis seen in a 67-year-old male patient. A view on the serosal surface. A fistula is formed between the thickened gallbladder and the hepatic flexure of the transverse colon.



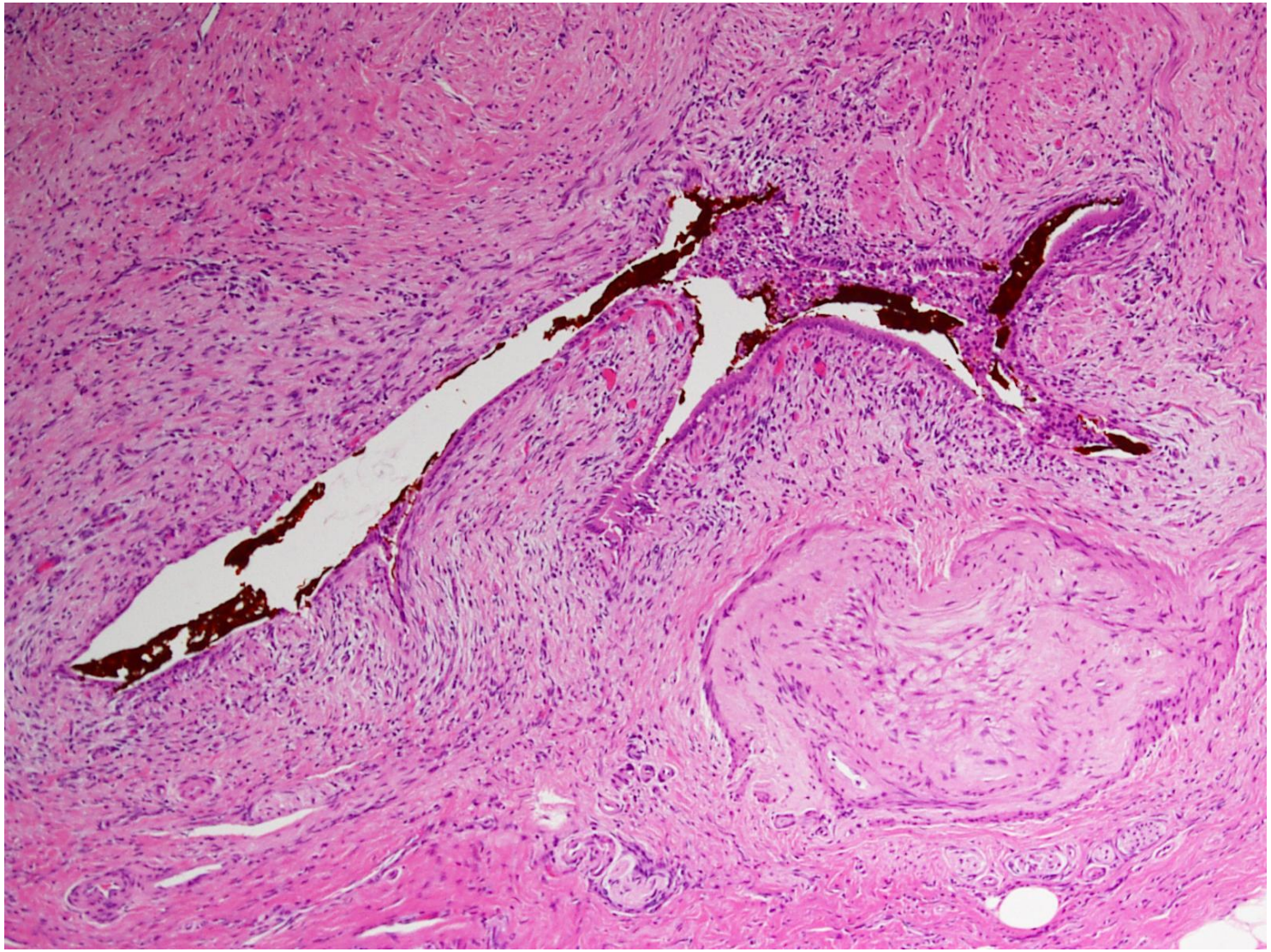
Cholecystocolonic fistula complicated with chronic cholecystitis seen in a 67-year-old male patient. A black gall stone measuring 15 mm is noted in the gallbladder lumen.



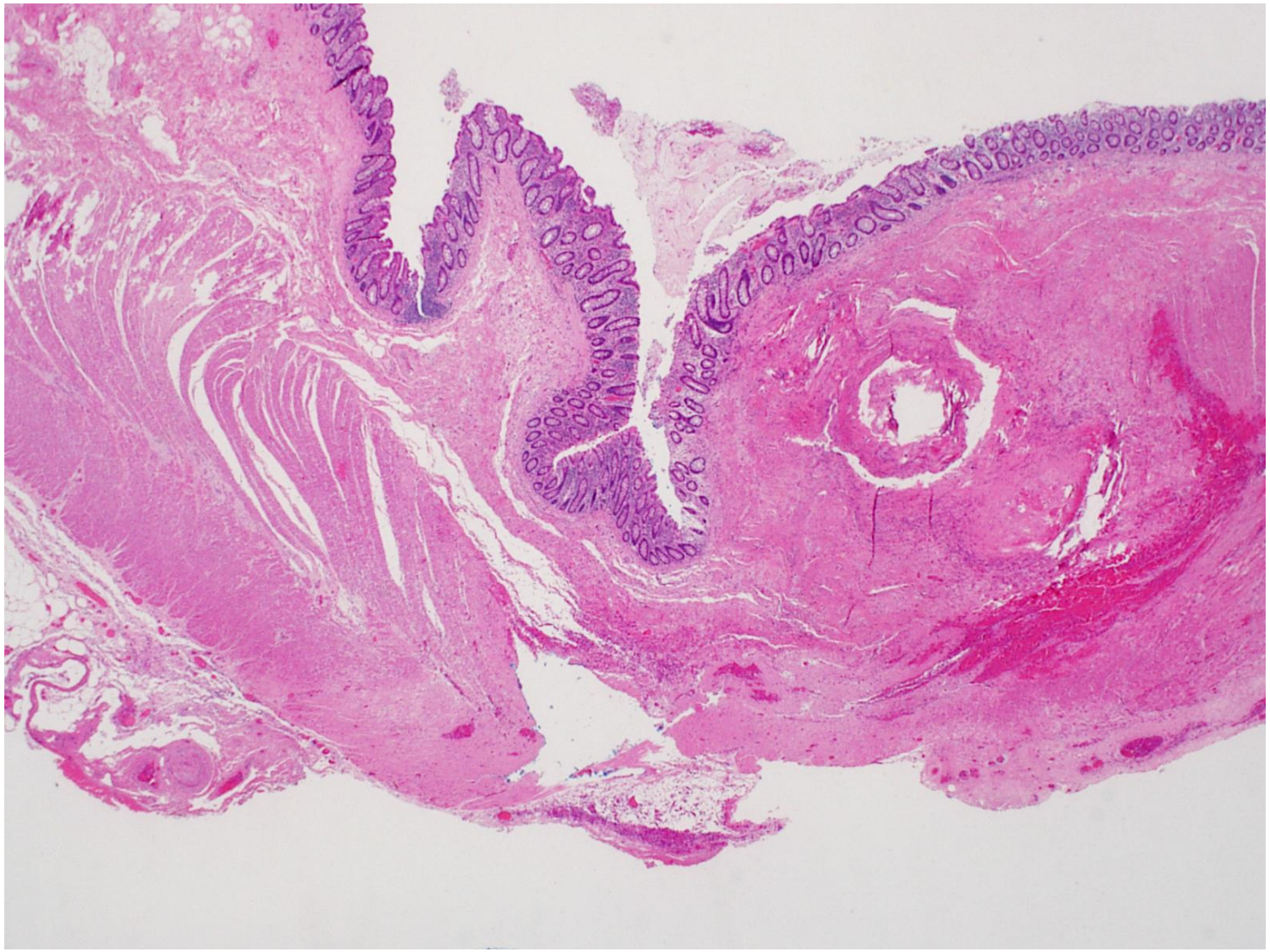
Cholecystocolonic fistula complicated with chronic cholecystitis seen in a 67-year-old male patient. A cut surface of the gallbladder after formalin fixation shows a fistula tract and a dilated lumen of Rokitansky-Aschoff sinus.



Cholecystocolonic fistula complicated with chronic cholecystitis seen in a 67-year-old male patient. A dilated Rokitansky-Aschoff sinus is seen in the fibrously thickened gallbladder serosa. H&E-1



Cholecystocolonic fistula complicated with chronic cholecystitis seen in a 67-year-old male patient. An extending Rokitansky-Aschoff sinus is observed in the fibrously thickened gallbladder serosa. H&E-2



Cholecystocolonic fistula complicated with chronic cholecystitis seen in a 67-year-old male patient. In the colon wall, formation of a fistula tract is associated with loss of proper muscle layer and focal serosal hemorrhage. H&E-3