P086

Management of Xanthogranulomatous cholecystitis combined wth common bile duct adenoma mimicking biliary malignancy of old age patient: a case report

Jung Hyun PARK*, Jin Hyung PARK

HBP surgery, General Surgery, St. Paul hospital, The Catholic University of Korea, Korea

Introduction: Xanthogranulomatous cholecystitis is an unusual variant of chronic cholecystitis with infilarative inflammatory condition. and it is not easy to distinguish this disease entity from gallbladder malignancy on radiologic findings. Therefore, there are a lot of concerns about determination of treatment methods preoperatively. We present a case report of an unusual case of Xanthogranulomatous cholecystitis accompanied by bile duct tumor of old age with multiple comorbidity.

Methods: The patient was a 81-year-old male and he was underwent general weakness with nausea and vomiting for several days. There was right upper quadrant tenderness without fever on physical examination. There was multiple comorbidity include diabetes melitus, hypertension, reflux esophagitis and hiatal hernia on past history. Serum laboratory findings showed mild anemia, creatinie 1.42 mg/dl, alkaline phosphatase 590 IU/L, r-GTP 89IU/L and normal liver enzyme. Serum total bilirubin level was 0.4mg/dl. CA 19-9 was 714.90U/mL. Abdomen CT showed gangrenous cholecystitis with a small stone in cystic duct and perforation of GB wall with pericholecystic abscess and edematous hepatoduodenal ligament. PET CT showed probably common hepatic duct malignancy with extrahepatic biliary obstruction. we performed cholecystectomy, CBD resection and hepaticojejunostomy. There was no malignant tissue in bile duct and gallbladder on intraoperative frozen section

Results: There was no intraoperative complication. Pathologic report was xanthogranulomatous cholecystitis and bile duct adenoma. Postoperative course was uneventful

Conclusions: We reported a case of xanthogranulomatous cholecystitis with biliary adenoma mimicking biliary malignancy. It needs active efforts to make a precise diagnosis and treatment, Even in old aged patient with multiple comorbidity

Corresponding Author.: Jung Hyun PARK (angle49@catholic.ac.kr)