

# 27 ULUSAL PATOLOJİ KONGRESİ



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## Poster Sunum

### Hepatobilier ve Pankreas Patoloji

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#### CHOLECYSTOCOLIC FISTULA CAUSED BY XANTHOGRANULOMATOUS CHOLECYSTITIS PREOPERATIVELY MISDIAGNOSED AS GALLBLADDER CARCINOMA

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Cholecystocolonic fistulas (CCF) are rare complications of gallstones with a variable clinical presentation. The most common site of communication of the fistula is the cholecystoduodenal (70%), followed by the cholecystocolic (10-20%), and the least common is the cholecystogastric fistula.

In our report, we preoperatively misdiagnosed our patient as having gallbladder carcinoma with adhesion to the transvers colon and liver.

A 49-year-old woman who underwent elective open cholecystectomy, resection of transverse colon and wedge resection of adjacent liver was performed. Histopathologically there were a diffuse inflammatory process with xanthogranulomatous changes, histiocytosis and giant cells of foreign body.

Xanthogranulomatous cholecystitis (XGC) is an uncommon inflammatory disease of the gallbladder characterized by the infiltration of plasma cells, lipid-laden histiocytes, and the proliferation of fibroblasts in the gallbladder wall. Patients with XGC are frequently misdiagnosed with imaging studies and even during the operation as having carcinoma of the gallbladder. In conclusion, CCF secondary to xanthogranulomatous cholecystitis is extremely rare and difficult to diagnose preoperatively.

**Anahtar Kelimeler :** Cholecystocolic Fistula, Xanthogranulomatous; Cholecystitis, Misdiagnosed