

A case of hemorrhagic cholecystitis and bleeding duodenal ulcer: A rare coincidence!

Introduction

Hemorrhagic cholecystitis is a life-threatening condition and may result in death if not treated promptly. Here, we present an atypical case of hemorrhagic cholecystitis that presented with melena but no abdominal pain.

Case Description

- A 43-year-old man with history T 8 level paraplegia presented with black tarry stools for 1 day. He denied fever, abdominal pain, and diarrhea.
- Vital signs were normal. Physical examination showed conjunctival pallor.
- Lab: Hb 6 g/dL, Hct 22.3%, WBC 8.20 k/ μ L
- Despite 2 unit of PRC, patient was still anemic and was taken to endoscopy.
- EGD showed a duodenal ulcer with oozing hemorrhage (Figure 1) which was treated with thermotherapy; however, oozing continued and thermotherapy was avoided to prevent deep tissue injury.
- Interventional radiology was consulted for embolization. After embolization, his hemoglobin continued to drop requiring blood transfusion.
- CTA of the abdomen and pelvis revealed a small focal area of active bleeding in the gallbladder (Figure 2). Patient was taken for emergent cholecystectomy.
- Intraoperative finding revealed active bleeding with clot in the gallbladder lumen.
- Following surgery, patient's hemoglobin stabilized. Histopathology of the resected gallbladder revealed multiple stones impacted in the gallbladder wall.

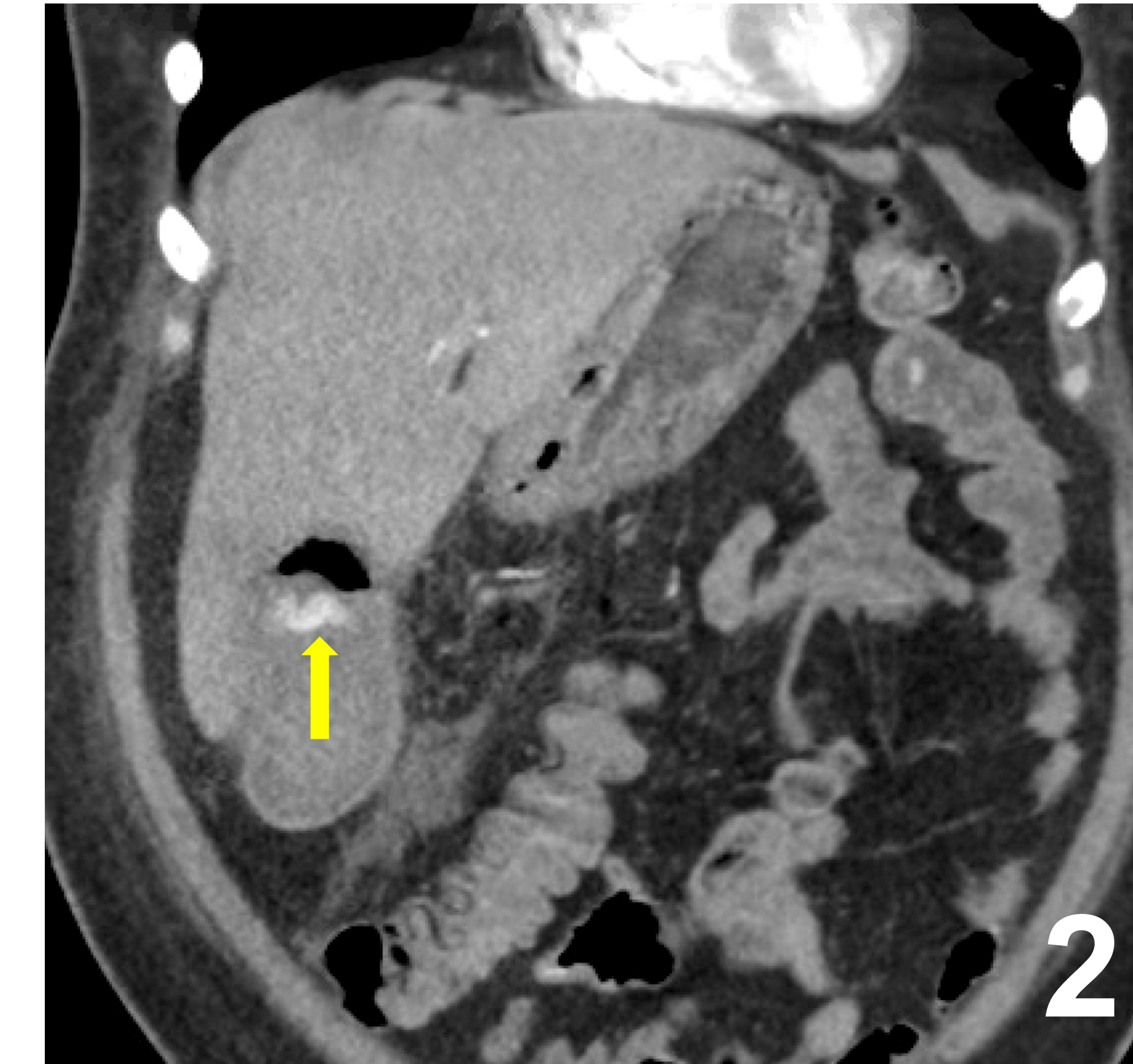
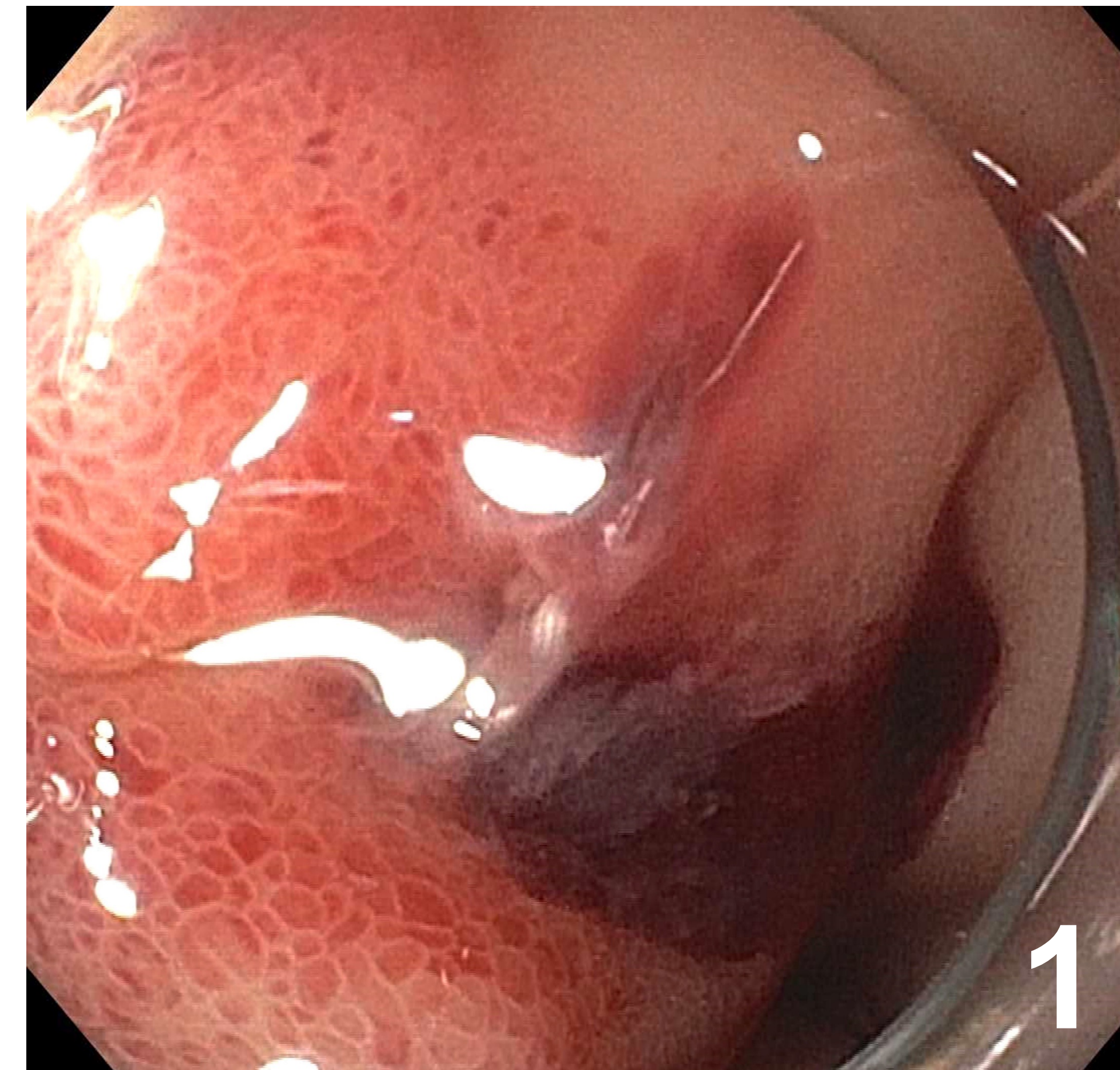


Figure 1: EGD showed duodenal ulcer with oozing hemorrhage.

Figure 2: CT angiography of abdomen and pelvis showed contrast extravasation in the gall bladder lumen (yellow arrow) suggesting active bleeding into gall bladder.

Discussion

- Patients with upper gastrointestinal bleeding (UGIB) usually undergo EGD for the management of the bleeding.
- However, UGIB refractory to an endoscopic treatment often requires endovascular intervention by radiology and surgery as appropriate.
- In our case CT angiogram of abdomen and pelvis revealed second source of the bleeding which was in the gallbladder leading to emergent cholecystectomy.
- This is a rare coincidence in which a patient with simultaneous bleeding from duodenal ulcer also found to have hemorrhagic cholecystitis. One hypothesis includes cholecystoduodenal (bilioenteric) fistula which is the infrequent complication of untreated cholelithiasis.

Conclusion

UGIB refractory to an endoscopic treatment often requires endovascular intervention by radiology and surgery as appropriate

References:

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2. Park, J.M., et al., *Cholecystoduodenal fistula presenting with upper gastrointestinal bleeding: A case report*. World J Clin Cases, 2021. 9(2): p. 410-415.