

## Introduction

Xanthoderma is a yellow to yellow-orange discoloration of the skin. The two main pathologies leading to xanthoderma are jaundice and carotenoderma. Localized jaundice can rarely occur in the settings of bile leakage into the retroperitoneal space.

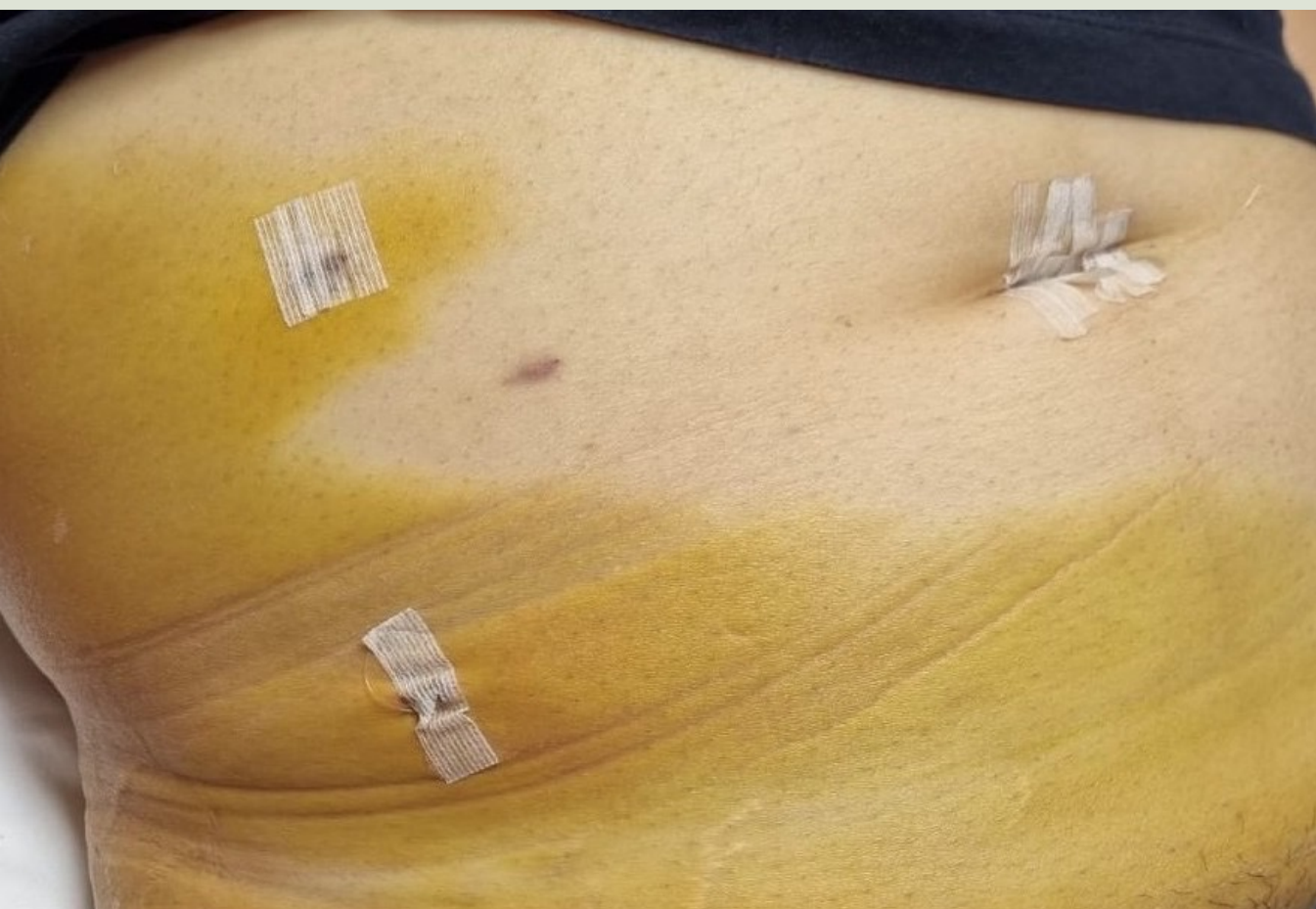


Figure 1. Truncal xanthoderma

## Case presentation

A 40-year-old female patient presented to the hospital with biliary colic. Initial labs revealed total bilirubin of 49  $\mu\text{mol/L}$ , direct bilirubin of 47  $\mu\text{mol/L}$ , AST of 287 U/L, ALT of 249 U/L, and ALP of 264 U/L. The US abdomen showed cholelithiasis. MRCP showed cholelithiasis, a small distal CBD stone, and dilated CBD.

She underwent laparoscopic cholecystectomy with an intraoperative cholangiogram. Her clinical status didn't improve postoperatively, and her bilirubin was persistently elevated. Localized yellowish discoloration of the right side of the abdominal wall and the suprapubic area was observed five days after the surgery (Figure 1). Repeated MRCP showed suspicious distal CBD stone with gall bladder bed fluid collection. ERCP revealed a bile leak at the site of the cystic stump (Figure 2). Sphincterotomy and CBD stenting were performed.

The bilirubin improved gradually after ERCP, but the abdominal pain persisted. CT abdomen showed large perihepatic and perisplenic fluid collection. US-guided percutaneous drainage was done draining a turbid yellow fluid.

Four weeks later, the percutaneous drain was removed after the collection resolved. Repeated ERCP showed no biliary leak, and the biliary stent was removed.

## Discussion

In our patient, the localized xanthoderma post laparoscopic cholecystectomy was secondary to bile leakage from the cystic duct stump. The yellowish discoloration occurred as a result of bile staining of the tissues deep to the membranous layer of the superficial fascia (fascia of Scarpa) after the bile leaked through the hepatoduodenal ligament.

The management of our patient involved sphincterotomy and bile duct stenting combined with percutaneous drainage of the collections.



Figure 2. Cholangiogram demonstrating bile leakage.

## Contact

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