



Hemorrhagic Cholecystitis: A Rare Cause of Brisk Upper Gastrointestinal Bleeding

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INTRODUCTION

- Gastrointestinal bleeding is a commonly seen problem in the hospital and timely identification of the source is important in brisk bleeds to allow for prompt interventions.
- Unfortunately, the cause of the bleeding can sometimes be difficult to identify and requires thinking outside of the box.
- We present a rare case of hemorrhagic cholecystitis presenting as hematochezia and hypotension in the setting of chronic liver disease.

CASE DESCRIPTION

- A 55-year-old male with history of alcoholic cirrhosis (Child-Pugh Class C, MELD-Na 24) initially presented to an outside hospital with one week of nausea, vomiting, abdominal pain and watery diarrhea in the setting of alcohol withdrawal.
- The patient underwent an esophagogastroduodenoscopy (EGD) with endoscopic ultrasound (EUS) which revealed a single gastric varix without active bleeding.
- His liver function began to worsen and then improved with supportive care. Interestingly, this improvement coincided with acute onset of hematochezia.
- A repeat EGD and colonoscopy revealed numerous blood clots in the colon without active bleeding.

IMAGING

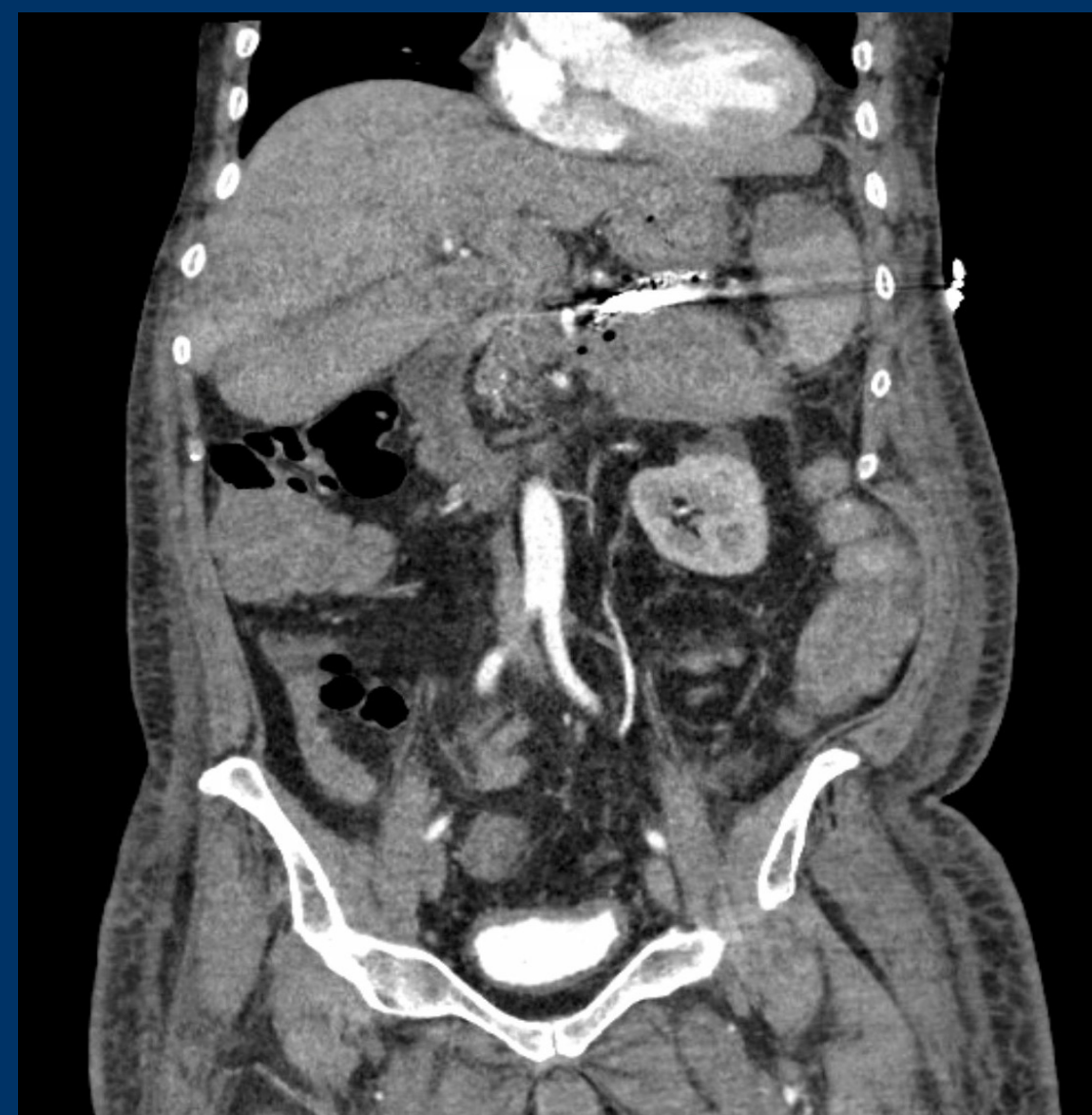


Figure 1: CTA Abdomen demonstrating marked distension of the gallbladder with hyperdense material within the gallbladder lumen concerning for acute hemorrhagic cholecystitis.

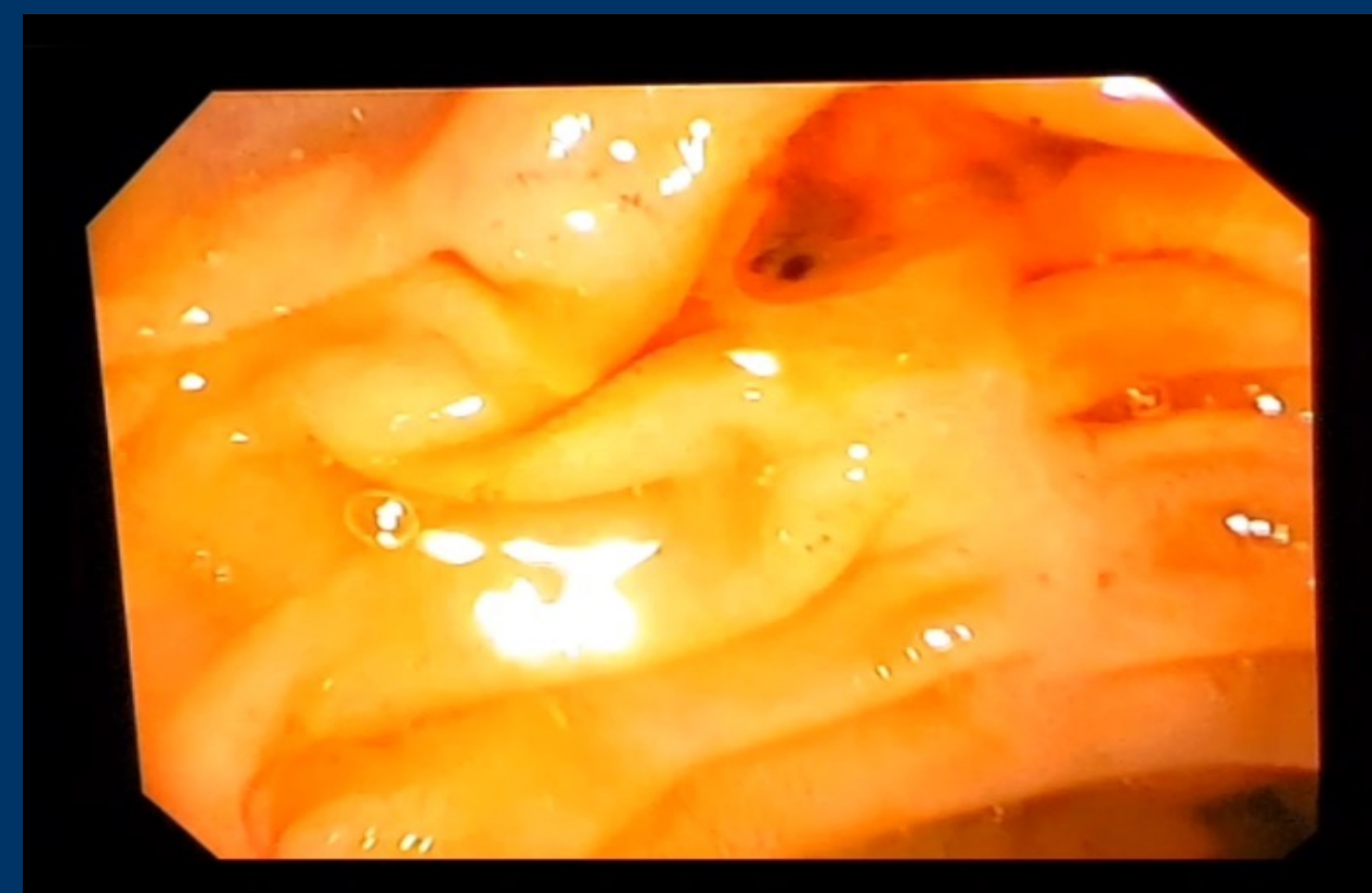


Figure 2: Push enteroscopy demonstrating acute bleeding at the Ampulla of Vater.

CASE DESCRIPTION

- Upon transfer, repeat EGD/colonoscopy showed massive maroon-colored clots throughout the colon and terminal ileum, again without an active bleeding source identified.
- CT Angiography revealed hyperdense material within the gallbladder lumen and extrahepatic biliary ductal systems concerning for hemobilia and acute hemorrhagic cholecystitis.
- Capsule endoscopy and push enteroscopy subsequently revealed active oozing of blood from the ampulla of Vater.
- The patient underwent successful placement of a cholecystostomy tube and embolization of the cystic artery with resolution of the bleeding.

DISCUSSION

- Hemorrhagic cholecystitis is an infrequent complication of cholecystitis with few published case reports.
- Due to the rarity of hemorrhagic cholecystitis causing brisk upper gastrointestinal bleeding with hematochezia, the cause of bleeding was overlooked despite numerous endoscopies.
- This case teaches us to keep our differentials broad when the cause of the gastrointestinal bleeding is unclear.
- Prompt recognition can lead to earlier diagnosis and intervention to improve outcomes in this patient population.