

Emphysematous cholecystitis: A deadly disguise of a common culprit.

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Abstract

Emphysematous cholecystitis is caused by gas-forming micro-organisms, primarily in patients with immunosuppression and diabetes mellitus. It leads to a signature radiological finding with air in gall bladder wall as described in this report. Clinicians should be aware of this critical differential diagnosis.

A 69-year-old male patient presented with complaints of one-day history of right upper quadrant pain and nausea. Physical examination revealed positive Murphy's sign. Laboratory evaluation anemia, leukocytosis and elevated creatinine. Past medical history was significant for hypertension, diabetes mellitus, hyperlipidemia, coronary artery disease with previous angioplasty, chronic systolic heart failure, aortic valve replacement, paroxysmal atrial fibrillation, cerebrovascular accident, and chronic kidney disease stage 4. Imaging with abdominal Computed tomography (CT) without contrast revealed emphysematous cholecystitis with typical findings of air in gall bladder wall and biliary tree(Figures 1 and 2). The patient was deemed high risk for surgery and proceeded to have a percutaneous cholecystostomy. The patient had a follow-up visit one month later and underwent laparoscopic cholecystectomy with a stable postoperative course.

Emphysematous cholecystitis is a variant of acute cholecystitis considered a surgical emergency due to high mortality(15%) of the condition. Clinical presentation is non-specific and having a high degree of suspicion in susceptible individuals is crucial. The pathognomonic features seen on imaging are due to air within the gallbladder wall and lumen. Even though cholecystectomy has been the gold standard of treatment, percutaneous cholecystostomy has given good results in patients who are poor surgical candidates.

