Pseudoaneurysm of the Cystic Artery Associated with Xanthogranulomatous Cholecystitis

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A 68-year-old man with obstructive jaundice but no abdominal pain underwent percutaneous transhepatic biliary drainage (PTBD) and subsequently developed abrupt hemobilia through the PTBD catheter. Dynamic computed tomography showed a round enhancing lesion in the gallbladder (fig. 1) and arteriography revealed a pseudoaneurysm of the cystic artery (fig. 2a). Coil embolization of the right hepatic artery was performed (fig. 2b). However, the hemobilia recurred 1 week after the embolization. Finally, an extended right hepatectomy was performed because of a diagnosis of gallbladder cancer since preoperative imaging had revealed evidence of invasive and destructive lesions around the gallbladder neck. On histopathological examination, diffuse mural

Fig. 1. Computed tomography shows a round enhancing lesion in the gallbladder, originating from the cystic artery.

Fig. 2. a Selective right hepatic artery arteriography showing a pseudoaneurysm of the cystic artery. b Disappearance of the aneurysm following micro-coil embolization (arrows) of the right hepatic artery.
inflammation was seen in the gallbladder wall near the ulcerative lesions, hemosiderin-containing phagocytic histiocytes were also present. There was no evidence of cancerous change. The patient remains well 3 years after the operation.

Xanthogranulomatous cholecystitis is an uncommon form of chronic cholecystitis, occasionally mimicking gallbladder cancer [1]. In most reported cases, the pseudoaneurysm is caused by erosion of the cystic artery after cholecystectomy or occurs during an episode of acute cholecystitis [2]; yet our case seemed to be an unusual manifestation of xanthogranulomatous cholecystitis, which has not been previously described in the literature.

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References
