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

ization 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.

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0253–4886/08/0251–0008\$24.50/0

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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.

Acknowledgment

This study was supported by a Grant in Aid for Cancer Research from the Ministry of Health, Welfare and Labor, Japan.

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