Giant Gallbladder Empyema in Mirizzi Syndrome

A 42-year-old man with mild scleral icterus (bilirubin 2.87 mg/dL [≤ 1.2 mg/dL]) and a massive increase in abdominal girth over a period of only a few weeks was referred to our department for further investigation. Initial upper abdominal sonography had shown a large, cystic abdominal process of uncertain origin. A superinfection had been suspected (C-reactive protein [CRP] 167.7 mg/L [<5 mg/L]; leukocytes 10.56/nL [<10.50 /nL] and antibiotic treatment initiated.

Both repeat upper abdominal sonography and computer tomography demonstrated an enormous subhepatic cystic mass measuring circa 30 x 20 x 30 cm (*Figure*). The origin of the lesion was unclear, and *Echinococcus* serology was negative. We suspected a myxomatous process and therefore opted for laparoscopic evaluation rather than diagnostic aspiration. Intraoperatively the laparoscopy was extended to median laparotomy. A total of 15 L of purulent bilious fluid was drained from the cystic lesion, which on further exploration turned out to be a hugely expanded gallbladder with multiple gallstones of up to 3 x 4 cm. The finding that an impacted stone in the infundibulum of the gallbladder had compromised the common hepatic duct pointed to the diagnosis of gigantic gallbladder empyema in Mirizzi syndrome.

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Conflict of interest statement: The authors declare that no conflict of interest exists.

Translated from the original German by David Roseveare

Cite this as: Bahra M, Geisel D, Müller T: Giant gallbladder empyema in Mirizzi syndrome. *Dtsch Arztebl Int* 2019; 116: 300.. DOI: 10.3238/arztebl.2019.0300a