Hemobilia Secondary to Spontaneous Cystic Artery – Gallbladder Fistula - A Unique Gastrointestinal Anomaly

Abhishek D. Polavarapu, MD1, Sudeep Acharya, MD1, Indraneil Mukherjee, MD2, Gloria Lan, MD1.
1Staten Island University Hospital, Staten Island, NY; 2Staten Island University Hospital, New York, NY.

INTRODUCTION: Hemobilia is rare and is approximately 6% of all the causes of acute gastrointestinal bleeding. The most common etiology is iatrogenic (surgical intervention), inflammatory process such as cholecystitis or traumatic which results in an abnormal connection between the vascular system and biliary tract. Spontaneous cystic artery (CA) to gallbladder fistula is an extremely rare condition and we report on such unique case that was managed with coil embolization.

CASE DESCRIPTION/METHODS: A 62-year-old female presented with fresh blood per rectum (BPR) and abdominal pain. Initially the patient remained hemodynamically stable with hemoglobin of 9.5 and elevated liver enzymes with alkaline phosphatase of 313, aspartate aminotransferase of 92, alanine aminotransferase of 65 and total bilirubin of 3.2. Computed tomographic (CT) scan of abdomen demonstrated porcelain gall bladder. Ultrasound of the abdomen showed mild hepatomegaly with 2.5 cm gall stone, negative Murphy’s sign and common bile duct of 4 mm in size. She was planned for colonoscopy next day but later developed an episode of massive BPR after which her hemoglobin dropped with tachycardia. She was resuscitated and was taken for emergent upper endoscopy (UE). It showed a blood clot in the second portion of the duodenum with blood dripping from above, there was a high suspicion for hemobilia. Then UE was exchanged with side viewer duodenoscope and blood was noted to be dripping from the ampulla. Intervention radiology was consulted and patient underwent hepatic angiogram it confirmed the CA fistula with gallbladder. Subsequently CA coil embolization was done to control the bleeding vessel. An elective cholecystectomy was planned for finding of porcelain gall bladder which may represent underlying malignancy.

DISCUSSION: Identification of vascular-biliary fistula can pose a diagnostic challenge and it should be suspected in acute gastrointestinal bleeding patients with acute elevated liver enzymes. In these cases an additional effort is to be made to examine the ampulla for hemobilia during UE. Once hemobilia noted prompt angiogram has to be performed to identify the bleeding vessel and consider embolization. The mechanism of this spontaneous CA and biliary tract fistula is not known. However, it can be suggested that the inflammatory process following the stone formation in biliary tract and mechanical pressure of the stone may have resulted in adhesion formation with the anatomical structures in proximity, promoting fistula formation.

Novel Presentation of Rectal Granular Cell Tumor Leading to Severe Hemorrhoidal Bleeding With Pathological Diagnosis Identified Only After Hemorrhoidectomy: Case Report and Literature Review

Ismail Hadei, MD1, Mithal R. Amin, MD2, Layth Jamil, MD3.
1William Beaumont Hospital, Royal Oak, MI; 2William Beaumont Hospital, Royal Oak, MI.

INTRODUCTION: Granular cell tumors (GCTs) are rare benign tumors that rarely involve the gastrointestinal (GI) tract, and extremely rarely involve the rectum. Rectal involvement typically presents as an incidental finding on colonoscopy. A novel case is presented of a 67-year-old female who presented with severe acute rectal bleeding out of proportion of hemorrhoidal bleeding due to GCT with erosions on top of the hemorrhoid.

CASE DESCRIPTION/METHODS: 67-year-old female, presented with spontaneous painless rectal bleeding. This bleeding was different from her usual hemorrhoidal bleeding by being much more...