

## Clinical Image

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# Cholangiography via cholecystostomy in the follow-up assessment of acute cholecystitis

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### Description

A 90-year-old multipathological female patient presented at the emergency department with right hypochondrial abdominal pain. Physical examination revealed a positive Murphy's sign. Analytically, leukocytosis was evident with a normal hepatic profile. Abdominal CT scan confirmed acute cholecystitis.

The decision was made to perform a cholecystostomy. Due to the lack of improvement in the patient's condition, a trans-cholecystostomy cholangiography was performed, which revealed choledocholithiasis with complete occupation of the extrahepatic biliary tract (Figure 1).

As the initial therapeutic measure, ERCP was performed with the extraction of numerous calculi and the insertion of a plastic stent (Figure 2). The patient eventually showed a good recovery, with a subsequent scheduled cholecystectomy [1,2].



Figure 1:

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**Figure 2:**

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