Title: Xanthogranulomatous Cholecystitis: A Distinctive Subtype of Importance

Authors: Philip Deslarzes, MD (1), Emilie Uldry, MD (1), Ismail Labgaa, MD, PhD (1)

Affiliations:
1. Department of Visceral Surgery, University Hospital of Lausanne (CHUV), University of Lausanne (UNIL), Switzerland.

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Corresponding author:
Ismail Labgaa, MD, PhD
Fellow
Department of Visceral Surgery
Rue du Bugnon 46
CH-1011 Lausanne, Switzerland
E: ismail.labgaa@chuv.ch
P: +41 79 556 68 47
**Ethical statement:** The corresponding author, on behalf of all authors, jointly and severally, certifies that their institution has approved the protocol for any investigation involving humans or animals and that all experimentation was conducted in conformity with ethical and humane principles of research.
A 53-year-old female with a history of hiatal hernia repair presented with right upper quadrant (RUQ) pain and jaundice. Physical examination revealed tenderness of the RUQ. Laboratory tests showed elevated C-reactive protein of 109 mg/L (normal <10) and total bilirubin of 181 µmol/L (normal 0-21). Abdominal CT highlighted a gallstone within the main bile duct and an enlarged gallbladder with heterogenous enhancement and intramural hypoattenuating nodules (Figure A). These radiological features established the diagnosis of xanthogranulomatous cholecystitis (XC). The patient underwent an ERCP to remove the gallstone of the main bile duct, while XC was treated with antibiotics. A control abdominal CT showed a good response to antibiotics (Figure B) and the patient underwent laparoscopic cholecystectomy. Postoperative course was uneventful. Pathological analysis confirmed the diagnosis of XC, a subtype of cholecystitis characterized by a marked destructive inflammatory reaction. Its diagnosis is difficult and rarely done preoperatively, but rather based on pathology. XC can mimic other diseases such as gallbladder cancer. Cholecystectomy is the treatment of choice for XC but it is associated with increased risks of bleeding, conversion and complications. In summary, clinicians involved in the management of patients with hepatobiliary disorders (e.g. gastroenterologists and GI surgeons) should be aware of this entity, to facilitate early diagnosis and to improve its management.