

Abstract

Background; Described almost 150 years back acute acalculous cholecystitis is becoming an increasingly recognized diagnostic entity during the recent past. (1) It is defined as an acute, necro-inflammatory disease of the gallbladder in the absence of cholelithiasis. (2,3). Its pathogenesis is multifactorial among which hepatitis B is recognised as one of the very rare causes with only few case reports published up to date. (4,5)

Case presentation; A previously healthy, 53- years- old house wife presented with fever for 8 days with loss of appetite, vomiting yellowish discoloration of eyes and passage of dark stools. She did not have any other complaints. The only significant history was of a hysterectomy and bilateral salphingo-oophorectomy done 4 months back for dysfunctional uterine bleeding leading to iron deficiency anaemia. At the time of admission, she was ill looking, febrile, icteric and not pale. She had no features of chronic liver cell disease or liver failure. Upon investigation, she was found to have biochemical evidence of biliary obstruction together with radiological evidence of acalculous cholecystitis, together with serological evidence in keeping with hepatitis B virus infection. The patient was managed conservatively, and she managed to achieve a full recovery from acalculous cholecystitis after 1 week of hospital stay.

Conclusion: Although acute acalculous cholecystitis due to hepatitis b is quite rare, unlike other causes of acute acalculous cholecystitis, it is associated with fewer complications. Thus, it can be managed medically with supportive treatment alone.