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Localized lymphoplasmacytic sclerosing cholecystitis in a patient with autoimmune pancreatitis

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Keywords

Lymphoplasmacytic sclerosing cholecystitis; Autoimmune pancreatitis; Adenomyomatosis

Case presentation

A 55-year-old man was admitted to our hospital for diagnostic evaluation of gallbladder tumors, and elevated serum IgG4 (455 mg/dL). US revealed a mass at the fundus of the gallbladder. A CT scan revealed a well-enhanced gallbladder mass. ERCP showed segmental irregular narrowing of the pancreatic head and stricture of the lower bile duct. The pancreatic lesion was diagnosed as autoimmune pancreatitis (AIP). Diagnostic cholecystectomy was performed. Slicing resected specimen revealed small cysts within the nodule. Histological analysis revealed that the nodule consisted of lymphoplasmacytic infiltration, irregular fibrosis, and numerous $IgG4^{+}$ plasma cells with adenomyomatosis.

Gallbladder lesions with AIP usually showing diffuse thickening of the gallbladder wall (1,2). Interestingly a localized mass was observed in this case. One possible explanation is that the nodule formation resulted from the combined effects of adenomyomatosis and exaggerated sclerosing inflammation around the invaginated epithelium, because IgG4-related inflammation is usually prominent in periductal connective tissue.

References

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Figure legends

Fig. 1 a: Ultrasonography showed a heterogeneously hypoechoic mass at the fundus of the gallbladder.

Fig. 1 b: Contrast-enhanced computed tomography scan revealed a well-enhanced gallbladder mass.

Fig. 2 a: Slicing the resected gallbladder specimen showed small cysts within a whitish nodular mass at the fundus of gallbladder.

Fig. 2 b: Histological analysis revealed that the nodule consisted of numerous $IgG4^+$ plasma cells on immunostaining with adenomyomatosis (IgG4 immunostain, x200).

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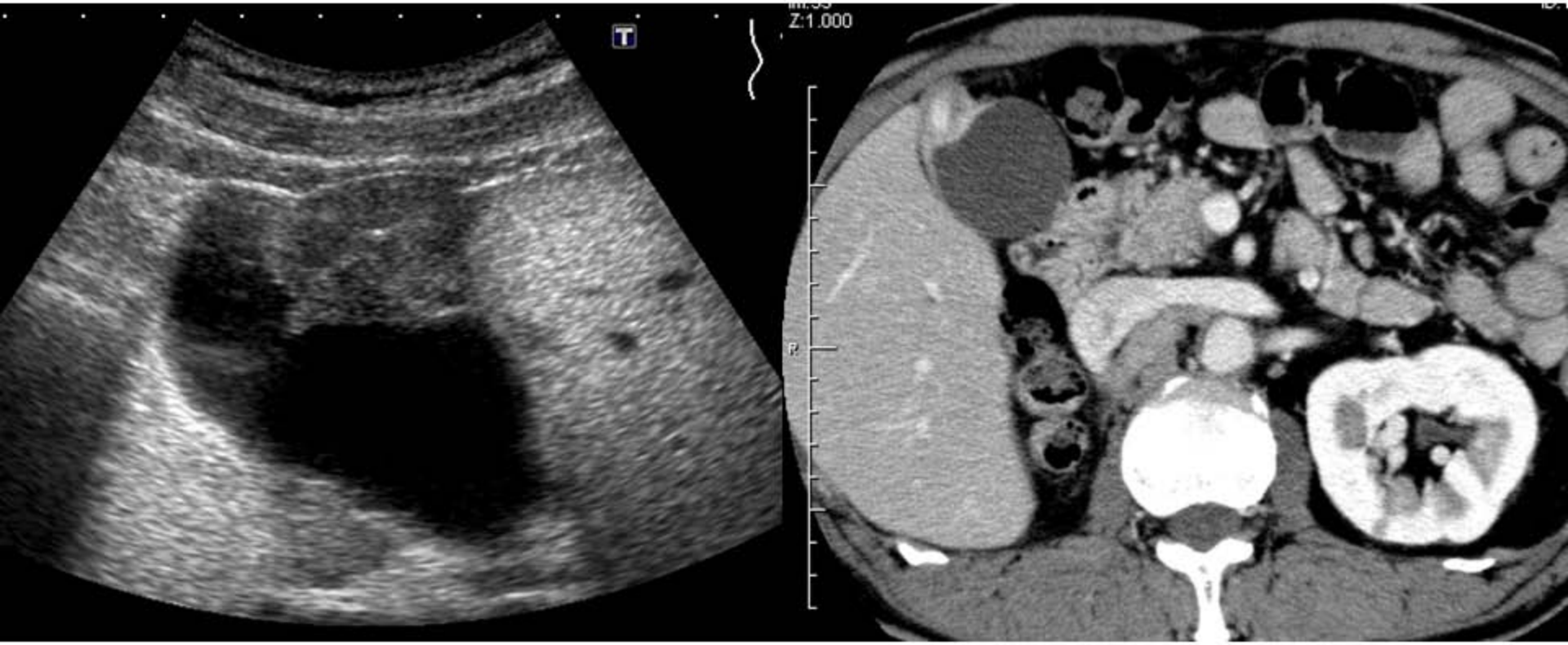
Conflict of interest statement

No conflicts of interest exist.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