Localized Lymphoplasmacytic Sclerosing Cholecystitis in a Patient with Autoimmune Pancreatitis

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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 (Picture 1a). A CT scan revealed a well-enhanced gallbladder mass (Picture 1b). 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. Slices of the resected specimen revealed small cysts within the nodule (Picture 2a). Histological analysis revealed that the nodule consisted of lymphoplasmacytic infiltration, irregular fibrosis, and numerous...
IgG4+ plasma cells with adenomyomatosis (Picture 2b).

Gallbladder lesions with AIP usually show 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.

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References