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## Fungal Cholecystitis In Critically Ill Patients: Case Series And Literature Review

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**Background** : Fungal cholecystitis is one of the rarest forms of acute cholecystitis. It is known to occur mainly in elderly, comorbid patients and have a dreadful outcome. Recently, we experienced a case of recurrent acute acalculous cholecystitis caused by *Candida* in a 80-year-old patient with chronic myeloid leukemia (CML). We report case series of fungal cholecystitis and review the published literature.

**Methods** : We investigated 290 positive bile cultures from 728 patients who underwent PTGBD and 321 positive bile cultures from 931 patients with acute/chronic cholecystitis who underwent laparoscopic cholecystectomy between January 2010 and December 2021. In total 14 patients, fungus has grown in their bile juice, which collected from PTGBD (3 *Candida tropicalis*; 2 *Candida albicans*; 1 *Candida glabrata* and 1 *Candida dubliniensis*) or intraoperatively during cholecystectomy (3 *Candida albicans*; 2 *Saccharomyces cerevisiae*, 1 *Candida tropicalis*, 1 *Cryptococcus laurentii*)

**Results** : In 7 patients who underwent elective cholecystectomy, fungus has grown but their clinical course was not eventful, even without antifungal drug. An average age of the other 7 patients with PTGBD was 79 years (range 69~85). In 4 patients, fungus had grown from other site such as urine (3) and blood (1). All patients had several underlying diseases such as malignant tumor (CML, Klatskin tumor, Follicular lymphoma), chronic kidney disease, heart failure, pneumonia, or were in bed-ridden state with poor performance status. Only 2 patients underwent delayed cholecystectomy and were able to recover safely. However, 3 out of the 5 patients who could not undergo surgery passed away due to ongoing sepsis and aggravation of their underlying diseases.

**Conclusions** : Fungal cholecystitis is life threatening complication of critically ill or elderly patients. A high index of suspicion for this fungal pathogen and prompt drainage or cholecystectomy, if possible, with addition of systemic antifungal therapy represent the mainstays of therapy and offer the greatest chance for survival.

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