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## Isolated IgG4-Related Cholecystitis Mimicking A Locally Advanced Gallbladder Cancer

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**Background** : Patients with IgG4-related disease show multiorgan involvements, including sclerosing sialadenitis, retroperitoneal fibrosis, and mediastinal lymphadenopathy. Isolated IgG4-related cholecystitis without systemic lesions is very rare and differentiation from gallbladder cancer becomes very difficult. We report the clinical course of a 77-year-old man who visited for abdominal discomfort was diagnosed with gallbladder cancer on preoperative various imaging modalities. Postoperative histologic result was IgG4-related cholecystitis after radical cholecystectomy. Here, we report the clinical course of a patients and review the articles.

**Methods** : A 77-year-old man was referred to our hospital with right upper abdominal discomfort for 1 month. Laboratory data including CEA and CA19-9 were all within normal limitation. Abdominal computed tomography (CT) revealed a localized gallbladder mass with enhancement of arterial phase and with multiple radio-opaque gallstones. However, there were not any abnormalities in pancreas and other organs on abdominal CT scan. Magnetic resonance cholangiopancreatography (MRCP) revealed diffuse irregular wall thickening of gallbladder with the diffusion restriction. This mass showed FDG uptake (SUVmax 7.9) in positron emission tomography (PET)-CT. Under the impression of resectable gallbladder cancer, radical cholecystectomy with S 4b and S 5 resection was performed.

**Results** : Histologic examination showed no malignant cells but lymphoplasmic cell infiltration and periductal sclerosis. On immunohistochemical stain, the number of the IgG4+ plasma cells was counted up to 73/high power field and IgG4/IgG ratio was 30%. As the histological findings were highly suggestive of IgG4-related disease, the patient was diagnosed with IgG4-related cholecystitis.

**Conclusions** : If the diagnosis can be confirmed with serum IgG4, biopsy or cytology, dramatic improvement of symptoms can be observed with steroid therapy. Although rare disease, isolated IgG4 related cholecystitis identification has been difficult to differentiated from gallbladder cancer and often diagnosed after surgery. However, caution required because unnecessary surgery can be avoided.

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