The patient is a 47-year-old woman with systemic lupus erythematosus who was receiving corticosteroid therapy. She underwent urgent laparoscopic cholecystectomy due to acute cholecystitis.

The patient was rehospitalized with fever 72 hours after discharge. CT scan showed a collection at the surgical site, which was drained percutaneously. The discharge was bilious, and magnetic resonance cholangiopancreatography confirmed a cystic duct leak causing a biliary fistula.

Although the discharge volume decreased, the persistence of the cystic fistula was confirmed by fistulography (Fig. 1). We then performed ERCP-guided placement of a plastic stent, which was removed 3 months later, with good results.

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