The patient is a 77-year-old woman with Child–Pugh grade B cirrhosis of the liver due to HCV, who underwent percutaneous ablation of segment VI as treatment for a BCLC stage A4 hepatocellular carcinoma in 2012. In 2015, a follow-up CT scan identified 4 nodules in segments V and VI, which were compatible with recurrence, so radiofrequency ablation was used once again. Four months later, cholestasis was observed, with no associated symptoms. A new CT scan revealed a communication between the gallbladder and a post-ablation hepatic necrotic collection, with several biliary calculi in transit between them (Fig. 1). We performed cholecystectomy and debrided the collection, which contained several calculi.