Acute acalculous cholecystitis is a recognised but seldom encountered entity except in immunocompromised and critically ill patients. Epstein-Barr virus infection, on the other hand, is a common viral illness throughout the world, mostly in the younger age groups. However acute cholecystitis due to EBV infection is very rare to occur and can be difficult to diagnose. Here we present a case of a middle aged adult who presented with upper abdominal pain and non-specific viral illness-like symptoms. LFTs were of a mixed picture and she had marginally raised inflammatory markers. Standard imaging studies excluded gallstones but she had thickened gallbladder wall with pericholecystic oedema and some fat stranding, but normal intra hepatic biliary tree and CBD. Strikingly there were sizable lymph nodes in abdomen and thorax. Suspecting viral aetiology, a viral screen was performed which gave a positive EBV result. However on daily clinical examination she kept on worsening symptomatically and a decision to operate was made following discussion with gastroenterologists and the patient. To note, EBV result was delayed and arrived after she had the operation. This case gives an example of a rare surgical case which may create a diagnostic dilemma amongst clinicians. Whilst understanding that management of acalculous cholecystitis is usually conservative, but in a clinically deteriorating young patient like this there may be a case for cholecystectomy or cholecystostomy. Here the learning point should be to think of other possible diagnoses and consider viral aetiologies earlier which may avoid a procedure on a patient.