Valley International Journals
Open Access Journal

International Journal Of Medical Science And Clinical Inventions
Volume 3 issue 4 2016 page no. 1764-1765 e-ISSN: 2348-991X p-ISSN: 2454-9576
Available Online At: http://valleyinternational.net/index.php/our-jou/ijmsci

Intrahepatic Rupture Of Gall Bladder In A Case Of Chronic Cholecystitis.

Sawant Abhijeet D. Dnb[1] , D'mello Adrianna. Ms.[2], Deogaonkar Namita. Mbbs. P.D.[3], Sudeep R. Shah. Ms, Frcs[4]

[1]General Surgery. Clinical Assistant, Department of GI Surgery. P.D. Hinduja National Hospital and MRC, Mahim, Mumbai.
Email id- *dr.sawant.abhijeet@gmail.com.*

[2]Clinical Assistant, Department of GI Surgery, P.D. Hinduja National Hospital and MRC, Mahim, Mumbai.
Email id- *adrianna.dmello@gmail.com*

[3]Hinduja National Hospital and MRC, Mahim, Mumbai.
Email id- *deogaonkarnamita@gmail.com.*

[4]Consultant department of GI Surgery. P.D. Hinduja National Hospital and MRC, Mahim, Mumbai.
Email id- *shahsudeep@hotmail.com.*

Department(s) and institution(s):- Department of GI Surgery, P. D. Hinduja National Hospital and MRC, Mahim, Mumbai.

Corresponding Author:- Dr. Abhijeet D. Sawant,
88/7, Sujal Apartment no. 2, Datar Colony, Bhandup (East). Mumbai-400042.Maharashtra.
E mail address:- dr.sawant.abhijeet@gmail.com

Abstract:-

We present, a 69 years old gentleman, known case of cholelithiasis, who presented in septic shock, with history of severe right upper quadrant abdominal pain since 3 days. CT scan of his abdomen showed intrahepatic rupture of gall bladder with peripherally enhancing lesion in liver communicating with the gall bladder lumen suggestive of empyema gall bladder. Few gall stones appeared to have migrated into the liver parenchyma. He underwent ultrasound guided percutaneous cholecystotomy with a plan for elective cholecystectomy at a later date.

Keywords:- Gall bladder perforation, empyema gall bladder,

Introduction:-

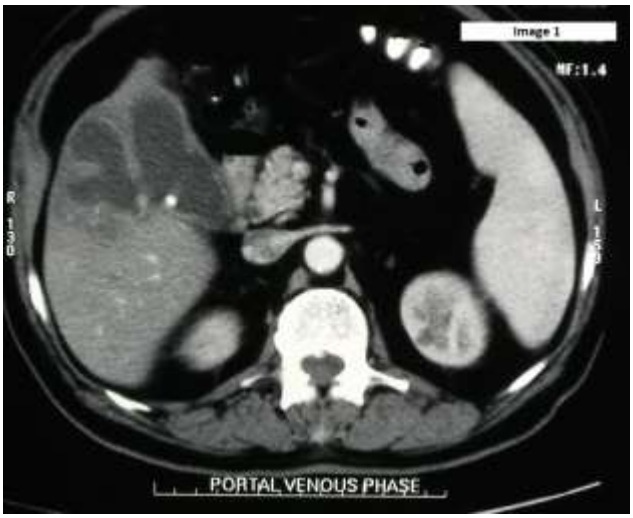
Gall bladder perforation is a rare but life threatening complication of acute cholecystitis. It still presents as a diagnostic dilemma and a challenge to surgeons due to high mortality related to late diagnosis. It is mostly seen in patients with diabetes, heart disease, immunocompromised state, old age, etc. Niemeier classified gallbladder perforations into 3 types: type I—acute, manifests with generalized peritonitis; type II—subacute, which denotes localization of fluid at the site of perforation with formation of a pericholecystic abscess; and type III—chronic, in which internal or external fistula occur[1]. In these cases abdominal imaging by ultrasound or computed tomography is a useful tool.

Case Report:-

A 69 years old gentleman, a known case of cholelithiasis, presented in septic shock, with history of severe right upper quadrant abdominal pain since 3 days. He was a known case of ischemic heart disease and a known diabetic. CT scan of his abdomen showed an 18mm defect in the lateral gall bladder wall of the body and fundus, with peripherally enhancing lesion in liver communicating with the gall bladder lumen suggestive of empyema gall bladder(Image 1). Few gall stones appeared to have migrated into the liver lesion (Image 1 and 2).

Figure 1. showing Empyema Gall Bladder with rupture into adjacent liver parenchyma.

DOI: 10.18535/ijmsci/v3i4.4

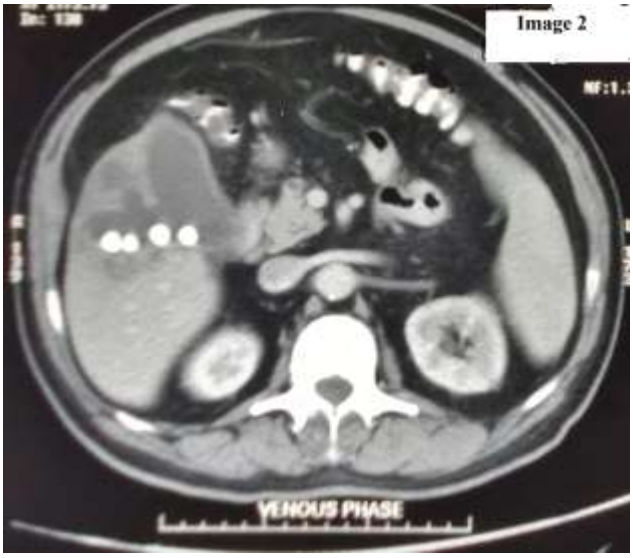


He underwent ultrasound guided percutaneous cholecystotomy using a pig tail catheter, with a plan for elective cholecystectomy. His hemodynamic status improved with this conservative approach.

Discussions:-

Perforation of the gallbladder is a rare complication that occurs in 2 % to 11 % of acute cholecystitis. Delay in diagnoses is a major cause of morbidity and mortality [1]. Niemeier classified gallbladder perforations into 3 types [2]. Our patient had Type II perforation, which is a sub acute perforation with localization of fluid at the site of perforation with formation of pericholecystic abscess. CT scan is more sensitive than ultrasonogram for the diagnosis of perforation of gall bladder [2]. We depict intrahepatic rupture of empyema gall bladder (Image 1) with railroading of gall stones into the liver parenchyma (Image 2).

Figure 2. Showing rupture of empyema gall bladder into the liver parenchyma with gall stones seen within the liver parenchyma.



Gallbladder perforations can be traumatic, iatrogenic, or idiopathic [3]. Early diagnosis of gallbladder perforation and immediate surgical intervention are of prime importance in decreasing morbidity and mortality associated with this condition. Rupture of gall bladder with railroading of gall stones into the liver parenchyma is a rare entity and is not quoted frequently in literature.

Consent:-

Patient has given consent for publication of the pertaining details. Patient has been informed that his personal details will not be used in the articles.

Competing interest:- None.

References:-

1. Naduthottam Palaniswami Kamalesh, Kaniyarakal Pramil, Kurumboor Prakash. Intrahepatic rupture of empyma gallbladder Indian. J Gastroenterol. September–October 2012;31(5):280.
2. Ergul E, Gozetlik EO. Perforation of gallbladder. Bratisl Lek Listy. 2008;109:210–4.
3. Morris BS, Balpande PR, Morani AC, Chaudhary RK, Maheshwari M, Raut AA. The CT appearances of gallbladder perforation. Br J Radiol. 2007;80:898–901.
4. Strohl EL, Diffenbaugh WG, Baker JH, Chemma MH: Collective reviews: gangrene and perforation of the gallbladder. Int Abstr Surg 1962, 114:1-7.

DOI: 10.18535/ijmsci/v3i4.4