SEPTATE GALLBLADDER - A RARE CASE REPORT

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ABSTRACT

BACKGROUND

Septate gallbladders are rare variations associated with the extrahepatic biliary system. The present report is a morphological study of a septate gallbladder. Septations in the gallbladder have been reported to be single or multiple. In our case, we report gallbladder was found to have multiple septa extending into the whole cavity. The cystic duct and artery were single and normal. Histology revealed marked smooth muscle hyperplasia with prominent septa with Aschoff Rokitansky sinuses.

KEYWORDS

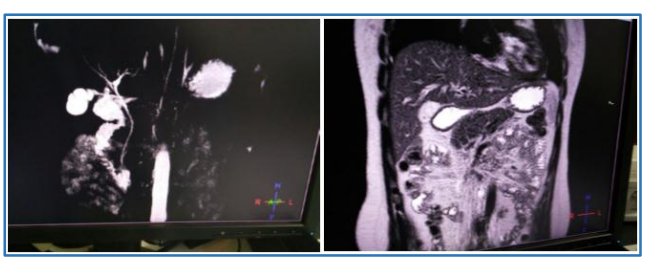
Septate Gallbladder, Anomalies.

HOW TO CITE THIS ARTICLE: Kumar S, Rao H, Manoharan P et al. Septate gallbladder - A rare case report. J. Evid. Based Med. Healthc. 2016; 3(81), 4421-4422. DOI: 10.18410/jebmh/2016/940

INTRODUCTION: Congenital anomalies of the gallbladder are rare and malformations pertaining to all aspects have been described since 1936.[(1)] Septate gallbladder has not been reported previously, because it is usually asymptomatic or discovered accidentally during the evaluation of abdominal pain. Gallstone formation are also rare due to septations, which might lead to recurrent abdominal pain. We report a case of septate gallbladder that underwent successful laparoscopic cholecystectomy.

CASE REPORT

- A 22-year-old female patient was admitted to our hospital with a right upper quadrant pain. There was no history of jaundice in past. Her blood parameters were within normal range. Ultrasound (US) of upper abdomen showed the gallbladder with multiple septations noted. Patient was planned for laparoscopic cholecystectomy. At laparoscopy, flimsy adhesions were identified at the fundus of the gallbladder. After retracting the fundus towards the ipsilateral shoulder, minimal adhesions were present at the body of the gallbladder. After completing adhesiolysis with blunt and sharp dissection, we found a septated structure. Calot's triangle was dissected. Cystic artery and cystic duct were clipped and divided. LC was successfully completed without any complication.
- CECT ABDOMEN showed multiple echogenic septations seen in the gallbladder with normal cystic duct noted. Magnetic Resonance Cholangiopancreatography (MRCP) was done to rule out other congenital abnormalities of the gallbladder such as double cystic duct, hourglass gallbladder, etc. But, in our case, we could not find any other anomalies except multiple septa in the gallbladder with normal single cystic duct, a single gallbladder stone.



MRCP Images Showing Multiple Septate Gallbladder with a Single Cystic Duct

Specimen Pictures

Financial or Other, Competing Interest: None.
Submission 13-09-2016, Peer Review 20-09-2016,
Acceptance 28-09-2016, Published 10-10-2016.
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DOI: 10.18410/jebmh/2016/940

Multiple Septations with Gallstone

Gross examination of the specimen showed multiple septa with a pinhole communication. The cephalic moiety showed a single stone and distal moiety was thin-walled with septations and completely empty. There was evidence of acute inflammatory changes over entire wall.

DISCUSSION: Anomalies of gallbladder are broadly classified according to their malformations in shape, number, size, heteropias, presence of septum which divides the gallbladder into two chambers. When the septum dividing the gallbladder lies longitudinally, it is called bilobed gallbladder.[2] When there is a transverse septum separating the fundus from the rest of the gallbladder, it is called an hourglass gallbladder.[3] According to the Boyden classification,[4] these congenital anomalies of gallbladder are classified according to the ductal formation as bilobed (or bifid), "V-shaped" and "H-shaped" (or ductular) gallbladder types. Classification of different types of double gallbladder.

To date, US oral cholecystography, oral cholecysto-computed tomography, scintigraphy, magnetic resonance cholangiography, percutaneous transhepatic cholangiography and endoscopic retrograde cholangiopancreatography have been used preoperatively to diagnose these anomalies. Consequently, to identify and define, the biliary anatomy is mandatory to prevent biliary system injury. Injury to the biliary system usually occurs during dissection of Calot's triangle. All connective tissue and fat are removed completely to clearly expose the junction of the cystic duct with the gallbladder.

Jutras et al[5] made a clear distinction between acquired and congenital forms of septum; the latter should be less than 2 mm in thickness. The acquired septum occurs as a result of adenomyomatosis of the gallbladder when segmental in nature. Rokitansky Aschoff sinuses were present in gallbladders with an acquired septum, although this was not always visible on x-ray. In our case, we also noticed sinuses of same kind in the gallbladder.

CONCLUSION: This case illustrates the need for complete removal of gallbladder as a remnant could be a good seat for development of stone in future and subsequent recurrence of symptoms.

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