

FULLY OCCUPIED GALL BLADDER WITH GALL STONES: A RARE CASE REPORT

Faisal Bilal Lodhi¹, Rana Asrar², Saiqa Irum³, Ramish Akram^{4*}

Abstract: Cholelithiasis is the highly common disease of biliary tract. It is one of the common surgical diseases which results in patients' hospitalization worldwide. It is highly prevalent in countries like Pakistan due to life style of Pakistani population. The size and number of a gallstone is significant, as oversized/multiples gallstones carry greater possibility of technical difficulties and complications while performing laparoscopic cholecystectomy (LC). We present a case of patient suffering from cholelithiasis. The Gall Bladder was full of gall stones. This case was successfully operated through laparoscopic surgery.

1. Department of Surgery, Punjab Medical University Faisalabad
2. Department of Surgery, Allied Hospital Faisalabad
3. Faculty of Allied Health & Sciences, The University of Lahore .
4. Faculty of Allied Health & Sciences, The University of Faisalabad.

Corresponding author Email:
ramishakram83@gmail.com

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INTRODUCTION

Gall stones disorder is the most common problem of biliary system. About 10 to 15% of the population in European countries is reported to be suffering from this disease (1). The suggested cause of Gall stone disorder includes super saturation of bile which mostly results from disorders of lipid metabolism (2). More than 80% cases of Gall stones diseases are reported to be asymptomatic (3). Among them 1–2% needs surgery as they are presented with symptoms. Laparoscopic (LC) surgical procedure is a minimally invasive technique for cholelithiasis carried out by general surgeons (4). Worldwide, the ratio of cholelithiasis between males and females is reported as 1:2 (5). Gallstones measuring more than 3cm in size are characterized as oversized gallstones and have a greater possibility of cancer (6). Previous literature reported unusual and rare histories of gall bladder fully occupied by gallstones.

CASE PRESENTATION

A 50 years old lady came to the surgical out-patient department at a private hospital. She was presented with colicky pain in right upper abdominal region that

was often found linked to intake of fatty food for last 8 months. According to the patient, the pain was not radiating to any area of the body nor linked with jaundice or fever with rigors. There was no history of previous surgeries, hemolytic disease or any other chronic disorders. On physical examination, there was tenderness in the right upper quadrant. Laboratory Investigations revealed that liver function tests and numbers of white blood cells were within the normal range. Abdominal ultrasound revealed numerous gallstones in the gall-bladder and it was fully occupied with stones. The size of largest stone was measured about 5 cm with no characteristic of acute cholecystitis. Diagnosed with symptomatic cholelithiasis, the patient underwent elective laparoscopic surgery under general anesthesia. Patient was positioned in supine lying during the operation. Hasson open procedure was applied. After confirming the key point of safety, cystic artery and duct were clamped. Drainage tube was inserted in Morrison pouch. A cut from the gallbladder plate kept it a simple inner (sterile gloves) after extending the incision in sub umbilical region. After incision, it was found that gallbladder was completely occupied by

multiple gallstones, one of which was a bold stone with a size of 5 * 4.4 * 4 cm and a weight of 29.5 g (Figure 1, 2). Post-operative procedure was done on 2nd day after surgery. Drainage tube was removed. On the 3rd day, patient was discharged. Report showed that the histological and pathological findings of chronic follicular cholecystitis without any proof of tumor. There were mixed type of multiple stones including cholesterol.

DISCUSSION

According to epidemiological studies, most common stones in females are gallstones, particularly in their active reproductive age, possibly due to high levels of estrogen which may raise the level of cholesterol in the bile (7). Thick bile ultimately decreases the movements of gallbladder, which results in the development of gallstones (8). Our case report is in accordance with the above defined pathophysiology as the subject of our case was a 50 year old woman. When we talk about age this factor is directly proportional to the age, increasing age group especially after 40 years of age, the incidence of gall stones dramatically rises 4–10 times (9). The frequency of Gallstones is reported to be high in developed countries (10). It is less

in under developing nations; the reason may be that they still eat traditional diets and spent an active life style (11). The prevalence of cholelithiasis is highest in North Americans population, high in South Americans while intermediate in Black Americans and Asians (12). The Africans population carries the lowest frequencies of cholelithiasis (13). Gall stone is the commonest surgical indication in population of Pakistan as southern Sindh area of Pakistan has reported a surgical incidence of 9.03%. Particularly a prevalence rate of 14.2% in females and 4% in males were reported in Pakistan (14).

CONCLUSION

Multiple large gallstones are usually found linked with a greater risk of intra and post-operative complications. Laparoscopic Cholecystectomy is Golden choice of management for both symptomatic and asymptomatic patients. LC seems beneficial for open cholecystectomy and done by a skilled LC surgeon, taking into account the probability by switching to open surgery if the anatomy cannot be exposed and any intraoperative technical problems.

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Figure 1: Gall Bladder with multiple gall stones

