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Uncommon Case of Patient with Gallbladder Herniation

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ABSTRACT

Gallbladder herniation is a complication of patient with antecedent of abdominal surgery. We report an old patient with history of appendectomy several years ago, consulting for abdominal swelling. Patient performed a CT scan. Patient diagnosed as gallbladder hernia. Patient was treated surgically and discharged in good clinical condition. Gallbladder hernia is a very rare condition that can occur at any age and can be treated surgically.

Introduction

The herniation of gallbladder is an uncommon entity. Commonly is a complication due to previous operation. It can occur a fragile area or old orifice closed in a previous trauma situation. Few cases has been reported in the literature but rarely an external gallbladder herniation. Clinical feature a showing a palpable mass in the right upper quadrant. Radiology features are most important such as a CT scan to early diagnosis and to confirm the gallbladder herniation. The only treatment of this event is surgery and patient can be discharged without any other complication.

Most likely if the is not massive hemorrhage in pre-operation.

We report a case of an older patient with abdominal swelling, initially diagnosed as digestive hernia.

Case Report

We are reporting a case of an 80-year-old patient, without antecedents of appendectomy, consulting for chronic abdominal wall swelling; the patient was examined by the visceral surgeon objectified a palpable hard mass on the right upper abdominal wall and suggesting a diagnosis of an uncomplicated digestive hernia.

Patient was conscious, in good physical condition and as well as hemodynamically stable. The evolution was aggravated by an accentuation of the pain in the right flank.

Patient was then referring to our department for an abdomino-pelvic CT scan.

Computed tomography (CT scan) revealed a huge, well-limited, homogeneous mass of fluid density in the gallbladder, which was dilated, thin-walled, alithiasic, with fistulization of the anterior abdominal wall, far from the laparotomy site; it was located in front of the lumbar vertebra L3 and measuring approximately 3 cm in diameter (Figure 1; Figure 2). CT scan concluded a gallbladder hernia. Subsequently, the patient was surgically treated; confirming in fact a gallbladder herniation (Figure 3).

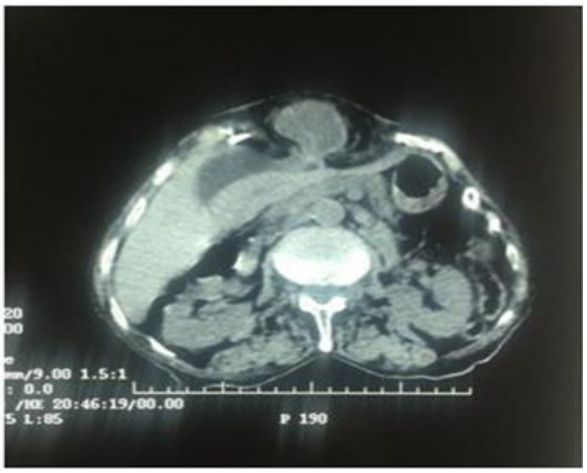

Figure 1. CT scan in axial view with intravenous injection contrast showing a voluminous mass of the gall bladder; with fistulization of the anterior abdominal wall.

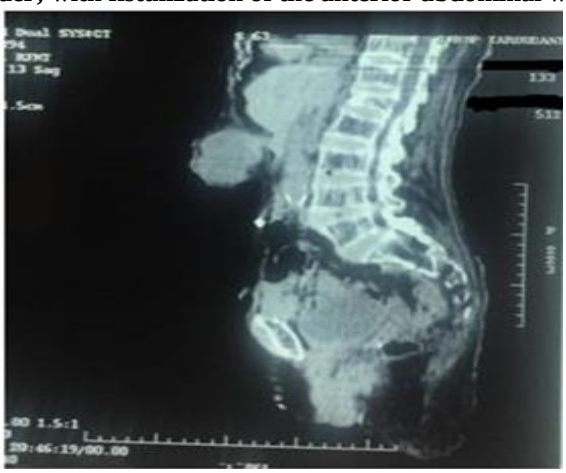

Figure 2. CT scan sagittal view with intravenous injection contrast; showing a voluminous mass of the gall bladder; with fistulization of the anterior abdominal wall and located in front of the lumbar vertebra L3.

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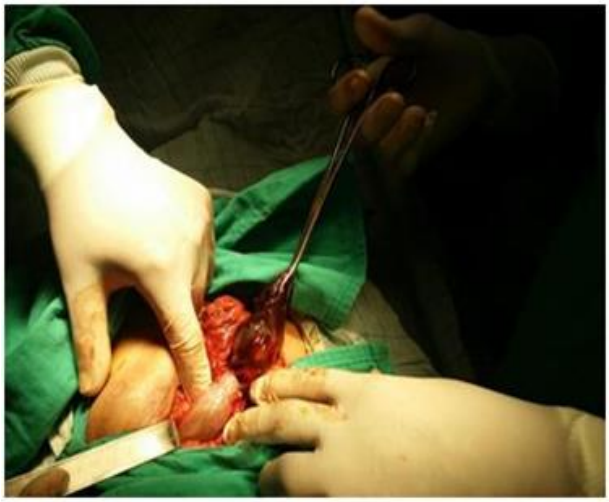

Figure 3. Intraoperative image showing the gall bladder.

The post-surgical evaluation had not objectified any complication for which the patient was discharged with good clinical evolution.

Discussion

Abdominal wall hernia is an opening or area of reduced resistance in the abdominal wall through which the abdominal contents may protrude. Abdominal hernias are very common, especially in men as well as in the case of our patient who is an 80-year-old man [1, 2].

The abdominal wall is thick and resistant just about anywhere, so the hernias generally occur in a fragile area, an old orifice closed or in a previous trauma situation.

Our patient's case reported an antecedent of laparotomy for an appendectomy several years ago [2].

Many cases of internal gallbladder herniation through the Winslow Hiatus have been described in the literature; but very rarely has an external gallbladder herniation through the falciform ligament been described [3].

Gallbladder herniation through the abdominal wall associated with Mirizzi syndrome was described in 2011 in Journal Surgical Case report, ultrasound and CT scan has confirmed the presence of lithiasis gallbladder herniation through the abdominal wall with dilatation of the bile duct, due to an obstructive infundibular lithiasis including a history of previous surgery for perforated diverticular disease. Our patient's case did not demonstrate vesicular lithiasis or any history of diverticular disease [4].

Few studies have been described on spontaneous gallbladder herniation through a normal abdomen; described by Amal El-Bakush, MD; in 2014 in The American Journal of the Medical Sciences. In our patient a surgical history was reported on a weakened abdominal wall [5].

Henry To, Stephen Brough and Girish Pande described in June 2015, the case of an 85-year-old woman with a history of high-grade urothelial carcinoma who underwent a total cystectomy with ileostomy; diagnosed for gallbladder hernia in a parastomal defect. Our patient's case had no history of cancer; no history of ileostomy; but presented only a scar from a previous laparotomy [6].

Akif Sirikci , Metin Bayram and Resat Kervancioglu described the case of a 40-year-old patient was admited with complaints of vague abdominal pain, with a history of cesarean section and surgery for intestinal strangulation, in whom the CT scan with the Valsalva maneuver, confirmed the diagnosis of bladder hernia through the surgical scar; the study of our case did not show gall bladder hernia through the laparotomy scar [7].

Conclusion

Gallbladder hernia is a very rare condition that can occur at any age. Imaging, particularly CT scan, is essential for immediate diagnosis. The importance is to make the diagnosis early for eventual surgery. CT scan and ultrasound are the best choices to confirm the diagnosis of gallbladder hernia and of course the treatment is invariably surgical.

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