Isolated Tuberculosis of Gall Bladder: A Case Report

INTRODUCTION:
Historically, isolated tuberculosis of gall bladder was reported for the first time in 1870 by Gaucher [1]. Later Gergahl reported 41 cases of isolated tuberculous infection of gall bladder which was an uncommon entity, even in areas having high endemicity of tuberculosis [1]. Till 2003 only 50 cases of naneisolated tuberculous infection of gall bladder were reported in literature [2].

CASE REPORT:

- A 22 years old female patient presented with complaints of dyspepsia & right upper abdominal pain on & off for last 1 year, associated with occasional vomiting, especially after meals. There was no history of blood or mucus in stools. There was no history of loss of weight or evening rise of temperature. The examination of abdomen revealed slight tenderness in right hypochondrium but no palpable abdominal lump.
- The haematological & liver function tests were within normal limits. Ultrasonography of the abdomen showed multiple calculi in the gall bladder, the largest measuring 13 mm, no thickening gall bladder wall and non dilated common bile duct.
- In view of the symptomatic cholelithiasis, patient was posted for laparoscopic cholecystectomy. Intraoperatively the gall bladder was fibrotic & shrunken, with dense adhesion to surrounding, because of which the laparoscopic procedure could not be attempted further & the case was converted to open cholecystectomy. On opening abdomen, the gall bladder was found out to be intrahepatic, with a large calculus at the neck of the gall bladder , along with multiple small calculi. There was no free fluid or evidence of tubercles in peritoneal cavity. Cholecystectomy was performed, which required a difficult dissection due to dense adhesion. The excised specimen was sent for histopathological examination, which showed a chronically inflamed gall bladder with non caseating granulomas, suggestive of a tuberculous infection of gall bladder. The post operative course was difficult dissection due to dense adhesion. The excised specimen was sent for histopathological examination, to rule out the possibility of isolated tuberculosis of gall bladder, to detect and properly manage this very rare surgical entity.

CONCLUSION: It is not possible to correctly diagnose isolated tuberculosis of gall bladder from clinical features mimicking cholelithiasis or carcinoma of gall bladder & from available serological and imaging techniques. Isolated organ tuberculosis may appear in any tissue seeded haematogenously and may be the presenting manifestation of tuberculosis, which seems to be the most plausible explanation of isolated tuberculosis of gall bladder. Hence all the cholecystectomy specimens must be subjected to the histopathological examination, to rule out the possibility of isolated tuberculosis of gall bladder, to detect and properly manage this very rare surgical entity.
REFERENCE

Figure 2 - Microscopic appearance of tuberculous gall bladder.