



## STUDY OF GALL BLADDER PERFORATION: A DIAGNOSTIC DILEMMA

## General Surgery

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## KEYWORDS

## BACKGROUND

Gall Bladder perforation is a rare but life threatening complication of acute cholecystitis. GB perforation poses a diagnostic challenge for the surgeon as its signs and symptoms do not differ significantly from that of generalized peritonitis and imaging studies are insensitive in picking up GB perforation. This delay in diagnosis and treatment leads to increased morbidity and mortality associated with this condition.

## AIM

The aim of our study is to study the role of clinical evaluation and imaging in predicting gall bladder perforation among patients presenting with acute abdomen.

**METHOD** We reviewed case records of all 24 pts who presented to our hospital in 2017 with acute abdomen and were diagnosed with gall bladder perforation intraoperatively. Detailed history, clinical examination findings, blood profile, abdominal X Rays, USG and/or CT findings were noted. Surgical treatment given and postoperative morbidity and mortality were evaluated.

**RESULT** There were 15 male and 9 female patients with a mean age of 64. All presented with acute abdomen. None of the patients had a history of gall bladder disease. 12 patients had comorbidities such as DM, Atherosclerosis and retroviral disease. None of the patients showed air under the diaphragm on abdominal X rays. USG didn't pick up GB wall defect. CT was done for 14 patients and only 2 showed a defect in GB wall. On the basis of clinical evaluation, exploration was done. 16 of them required ICU admissions and the rest were managed in wards post-operatively. There were a total of 6 post op deaths.

**CONCLUSION** A relevant history and systemic clinical examination aided by imaging may help in diagnosis of GB perforation however with poor specificity. While dealing with a case of acute abdomen, one must keep in mind the unusual presentation of GB perforation so that prompt intervention can be done and fatalities reduced.