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A CASE REPORT ON RARE SURGICAL MANAGEMENT OF ACUTE PRESENTATION OF CHOLELITHIASIS WITH MUCOCELE AND IMPENDING PERFORATION - A NOVEL APPROACH

General Surgery

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ABSTRACT

Subtotal cholecystectomy is technique used in case of acute cholecystitis which involves removal of portions of gall bladder when calot's and related structures can not be identified due to difficult gallbladder or frozen calot's

KEYWORDS

Neo gallbladder , subtotal cholecystectomy , open cholecystectomy, frozen calot's , difficult gall bladder, cholelithiasis , mucocele of gallbladder , gb perforation

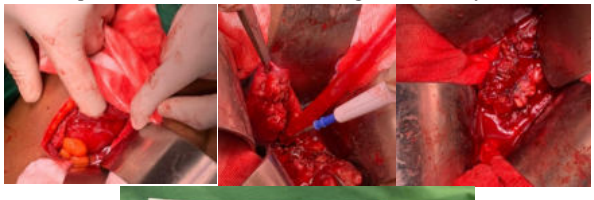
Case report :
A 68 year old male came with chief complaints of pain in the right upper quadrant for the past 5 days which was insidious in onset gradually progressive and colicky type of pain , pain had no aggravating or reliving factors History of low grade fever for past 1 day not associated with chills or rigors . No history of usea , no history of trauma . H/o previous Laparotomy for duodenal perforation 25 years back

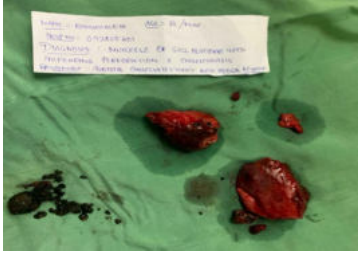
On examination : pulse – 92/min , blood pressure 130/90, temp- 98°f and spo2 98%

Abdominal examination : soft , tenderness in epigastric and right hypochondrial region , voluntary guarding + , no rigidity and bowel sounds + , sub-costal vauge mass palpable.

Patient was planned for an emergency open cholecystectomy , subcostal incision made and deepend , layers of abdominal wall opened gall bladder visualised , in spite of careful dissection overt bleeding was encountered since the posterior wall of gall bladder was densely adherent to the liver and due to frozen calot's identification of calot's triangle was difficult . Considering the age of the patient and associated complications Subtotal cholecystectomy with neo-gallbladder reconstruction was planned intra-operatively .

Subtotal cholecystectomy with neo- gallbladder reconstruction
Gall bladder incised at fundus, mucocele with impending pus formation noted with an impacted stone of roughly 3x3 cms noted in the neck of gall bladder . Contents where carefully drained with suction and the impacted stone was retrieved following which fundus , body and a part infundibulum of the gall bladder was removed leaving behind a part of infundibulum and neck of gall bladder . cystic duct and common bile duct was undisturbed . The neo gall bladder (part of infundibulum and neck) was sutured appropriately with 1-0 vicryl With continuous interlocking suture technique to prevent bile leak And abdomen was closed in layers .





Intra-operative findings :
- Frozen calot's
- Gall bladder densely adherent to liver
- Moderate amount of peri-cholecystic fluid
- Single large stone 3x3 cms in neck of gall bladder
- Freely Mobile few small stones
- Thickness of gall bladder wall 8mm
- From calot's region to 1/3rd of body of gall bladder –

The surgical area completely frozen .

Histopathological findings :
Features suggestive of chronic cholecystitis with gangrenous change.

Follow up :
Keeping in mind the complications of subtotal cholecystectomy the patient was asked to review us at regular intervals . Patients condition clinically improved and no signs of complications noted till date .

CONCLUSION :
Subtotal cholecystectomy is a safe, feasible and definitive operation in patients for whom the standard operation could be dangerous (difficult gall bladder / frozen calot's) This operation is less burdensome to the patient, and is accompanied by fewer complications than ordinary cholecystostomy / cholecystectomy in these patients .

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