



**ORIGINAL RESEARCH PAPER**

**General Surgery**

**NEVER LEAVE A STONE UNTURNED**

**KEY WORDS:** gallstones, parietal wall, laparoscopy, cholecystectomy.

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**ABSTRACT** Gallbladder perforation is one of the most common complication of laparoscopic cholecystectomy. It leads to gall stone spillage. Gallstone can drop into the peritoneal cavity or may lodge into the parietal wall. This can lead to abscess formation. 48 year old female admitted with parietal wall abscess following laparoscopic cholecystectomy due to spillage of gall stones.

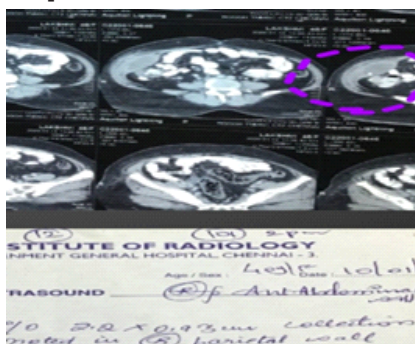
**Introduction**

Gallbladder perforation is common and occurs in 6-40% of laparoscopic cholecystectomy. Spilled gallstone can cause sinus formation, port site infection, parietal wall abscess, liver abscess, intra abdominal abscess. Hence every attempt to made to avoid the gallbladder perforation and spillage of stones.

**Case report:**

A 48 year old female known case of diabetic came with complaints of abdomen pain in the right lumbar region, fever for 2 weeks. There was no history of vomiting, diarrhoea ,trauma. History of laparoscopic cholecystectomy for calculous cholecystitis 7years back. A few months prior to this episode patient underwent USG guided aspiration of anterior abdominal wall abscess 2 times in the right lumbar region.

On admission she was stable. Pulse rate- 82 / min. BP-130/80 mmHg. SPO2 – 98% in room air. Abdomen examination revealed tenderness present in the right lmbar region. 8 x 7 cm vague mass , illdefined border, smooth surface, not mobile, more prominent on muscle contraction.



**Fig1: CECT abdomen iv and oral contrast:** Right lumbar abdominal wall collection 9.9 x 4.2 x 4 cm with peripheral enhancement with suspected intra abdominal communication  
**HFUSG:** 2.2 X 2 cm collection noted in the right parietal wall.

Patient was taken up for diagnostic laparoscopy in view of suspected intrabdnomal communication of abscess. After informed consent and ET , diagnostic laparoscopy done and the following intraop findings noted.

1. Multiple adhesion found between the omentum and the parietal wall
2. No intra abdominal communication of abscess.
3. Adhesiolysis done. Horizontal skin incision made over the right lumbar region, incision deepened and seropurulent fluid of 15 ml drained along with stone.
4. Post op events uneventful. Stone analysis resulted as mixed type of gall stone.



**fig2: intra op picture**



**fig3: retrieved gall stone.**

**Discussion:**

Gallbladder perforation is one of the most common complication of laparoscopic cholecystectomy. It may result in spilled and lost gallstone. Though uncommon, these stones may lead to early or late complication. Certain situations lead to higher risk of gallbladder perforation. Patient with acutely inflammed gallbladder have friable tissue which is susceptible to tear. Dense adhesion around the gall bladder , and a tense , distended gallbladder is at risk of perforation.

The presentation of complication will vary from patient to patient, and depend largely on the site and type of

complication suffered.

**Prevention and management of spilled gallstones:**

The best way to avoid complications from lost gallstone is to have awareness of the situation where perforation is likely ,perform precise dissection,use devises like endo bag to retrieve stones.Care should be taken while dissecting the gallbladder fossa. Possibly the most important aspect in the management of perforated gallbladder and potential stone spillage is documentation.

**Conclusion:**

Gallbladder perforation during laparoscopic cholecystectomy is a common problem and may result in spilled gallstones. These stones may lead to early or late complications .Hence every attempt should be made to avoid gallbladder perforation and spillage of stones.

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