Spilled Gallstone: Late Presentation

Mohammad Ibrarullah · M. S. Modi

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Abstract Spilled gallstone, in a female patient, presented with an abscess 2 years after laparoscopic cholecystectomy. Computerized tomography scan of the abscess cavity containing the spilled stone that clinched the diagnosis has been presented.

Keywords Laparoscopic cholecystectomy · Gallstone · Complications

A 39-year-old female presented with pain in the upper abdomen and fever of 1 week duration. She had undergone laparoscopic cholecystectomy about 2 years back for symptomatic cholelithiasis. Details of the cholecystectomy were not available. She apparently had an uneventful recovery. On examination, she was found to have localised induration and tenderness in the epigastrium. An ultrasound examination of the abdomen revealed localised fluid collection below the parietes and an echogenic focus within casting posterior acoustic shadow. She was subjected to contrast-enhanced computerized scan (CECT) of the abdomen. The CECT showed a thick-walled cavity between the anterior surface of the liver and parietes, containing approximately 50 ml of thick fluid suggestive of pus. A hyperdense, calcified object was seen in the centre of the abscess cavity (Figs. 1 and 2). A clinical diagnosis of spilled gallstone in an abscess cavity was made and the patient was subjected to surgical exploration through a small subxiphoid incision. The abscess cavity was encountered between the parietes and anterosuperior surface

of the right lobe of the liver. Approximately 50 ml of turbid fluid was drained out. Finger exploration of the abscess cavity revealed a pigmented gallstone. The abscess cavity was treated in the conventional manner by light gauze packing and dressing. The patient made an uneventful recovery and continues to be well in a follow-up of 3 months.

Gallstone spillage has been reported in about 6–30 % of patients undergoing laparoscopic cholecystectomy [1]. In the majority of the patients, this is inconsequential. When symptomatic, it may present as abscess, sinus or fistula formation. The interval between cholecystectomy and onset of the symptoms can range from perioperative period to as late as 20 years [2]. Diagnosis is more often postoperative, following retrieval of the offending stone. In our patient, a correct preoperative diagnosis could be made on the basis of imaging findings.

Fig. 1 CECT showing a thick-walled abscess cavity between the anterior surface of the liver and parietes (arrow). A hyperdense, calcified object (gallstone) was seen in the centre

M. Ibrarullah (✉) · M. S. Modi
Department of Surgical Gastroenterology, Apollo Hospitals,
Bhubaneswar 751005 Odisha, India
e-mail: ibrarullahm60@gmail.com

Fig. 2 Sagittal reconstruction of the CECT scan showing the gallstone and the abscess cavity (*arrow*)

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