CLINICAL SNAPSHOT

Gall Bladder Gone Astray

This 78-year-old woman presented initially with clinical manifestations of large bowel obstruction (fecal retention and copremesis) due to a stenosing carcinoma of the recto-sigmoid junction associated with multiple hepatic metastases. A transverse colostomy was created, staging was carried out as recommended in the relevant guidelines, and palliative chemotherapy was given according to the FOLFOX protocol. The tumor situation remained stable. She presented a second time with the clinical manifestations of an acute abdomen; examination revealed a stoma prolapse, a fist-sized parastomal swelling, and an accompanying phlegmon of the abdominal wall. Computerized tomography of the abdomen unexpectedly showed a parastomally herniated, hydropic gall bladder. At surgery, the gangrenous,

hydropic gall bladder was found to have herniated directly into the hernial ring of the transverse colostomy. An open cholecystectomy was performed; in view of the local infection, no synthetic implant was used to reconstruct the hernial defect, which was closed by direct suturing instead. The main phlegmon regressed, and the stoma prolapse retracted permanently. The patient was discharged from the hospital five days after surgery.

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Conflict of interest statement

The authors state that they have no conflict of interest.

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