CLINICAL SNAPSHOT

Siphon-Like Gall Bladder Hydrops in Chronic Cholelithiasis

An 87-year-old woman came to our emergency room complaining of diffuse abdominal pain. Laboratory testing revealed microcytic anemia (hemoglobin 5.9 mmol/L) with normal leukocyte and platelet counts, as well as a high C-reactive protein concentration (48.4 mg/L) and elevation of the cholestasis parameters alkaline phosphatase (12.32 $\mu\text{mol/L/s}$) and gamma-glutamyltransferase (33.03 $\mu\text{mol/L/s}$), with normal bilirubin and transaminase values. Abdominal ultrasonography revealed intra- and extrahepatic cholestasis with a markedly enlarged gall bladder containing large concretions. Computed tomography then yielded the finding illustrated at left, a siphon-like, hydropic, stone-filled gall bladder extending into the pelvis, with a tortuous and enlarged cystic duct and a prepapillary concretion in the common hepatic duct (arrow). The latter was then removed via endoscopic retrograde cholangiopancreatography. Histological examination of the prominent papilla revealed a florid, longstanding erosive papillitis, most likely due to recurrent outflow of concretions. After removal of the concretion and insertion of a stent, the biliary pathways were promptly un-

blocked and the cholestasis parameters reverted to normal. Elective cholecystectomy was recommended.

Prof. Dr. med. Roland Reinehr, Dr. med. Anita Matthies, Abteilung für Innere Medizin, Elbe-Elster Klinikum Herzberg, r.reinehr@elbe-elster-klinikum.de
Tabea Krönert, Abteilung für Radiologie, Elbe-Elster Klinikum Herzberg

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