International Journal of Science and Research (IJSR)
ISSN: 2319-7064
SJIF (2022): 7.942

Case Report of Percutaneous Cholecystostomy for Isolated Traumatic Intramural Hematoma of Gall Bladder

Dr. G. Sree Gayathri[1], Dr. R. Ashok Reddy[2], Dr. P. Subash Chandra[3]

[1]sreegaya32495[at]gmail.com
[2]gemsashok9779[at]gmail.com
[3]psubashchandra[at]gmail.com

Abstract: ***Isolated trauma to the gall bladder is a rare entity and diagnosis is often delayed or missed. Blunt abdominal trauma leading to gall bladder injury alone accounts only to less than 2% cases and requires high clinical suspicion. Even when identified cholecystectomy is the preferred management choice. Percutaneous cholecystostomy is an acceptable procedure for gall bladder pathologies which is loosing recognition these days. We in this case report a case of isolated gall bladder injury following blunt abdominal trauma treates using percutaneous cholecystostomy.***

Keywords: Gall bladder, intramural hematoma, percutaneous cholecystostomy

1. Introduction

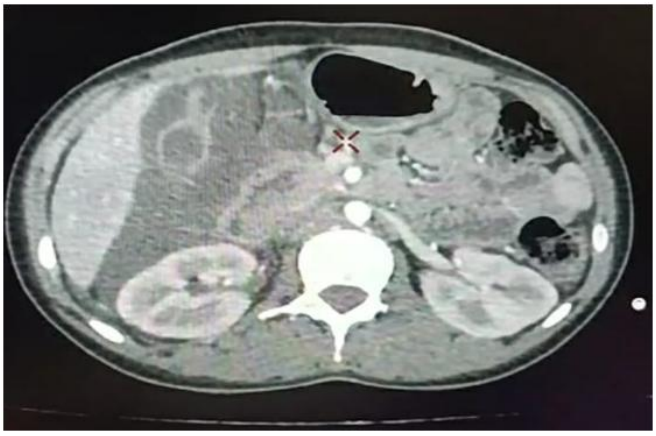
Gall bladder is a well protected organ surrounded by the omentum, intestines, liver and rib cage. Isolated rupture of gall bladder is a rare entity with an incidence of 2% following blunt trauma to the abdomen. It is a diagnostic dilemma and delay in management due to vague presentation is not uncommon. Early diagnosis and intervention are necessary to prevent significant morbidity and mortality. Here we would like to present a case of isolated rupture of gall bladder due to blunt abdominal injury treated with percutaneous cholecystostomy.

2. Case Report

A 15 year old female my name Raju came with chief complaints of pain which is dull aching , continuous and increased in severity in right hypochondrium since one day following the history of blunt trauma to the abdomen. There is no history of nausea or vomiting. There is no history of altered bowel and bladder habits. There is no history of any urinary complaints.

On examination patient is icteric

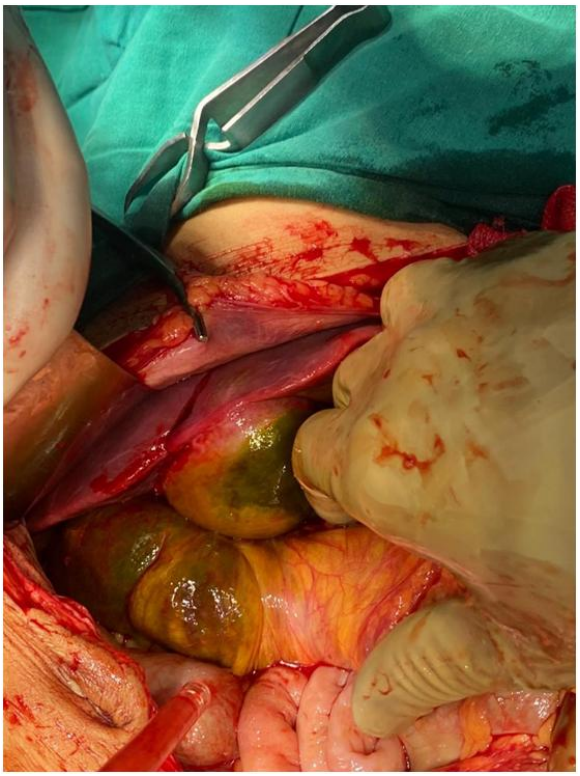
Abdominal examination revealed localised guarding and tenderness in the right hypochondrium and dull note on percussion in the right hypochondrium. Ultrasonography and CECT abdomen and pelvis revealed moderate free fluid in the abdomen with suspicious perforation of the gall bladder.



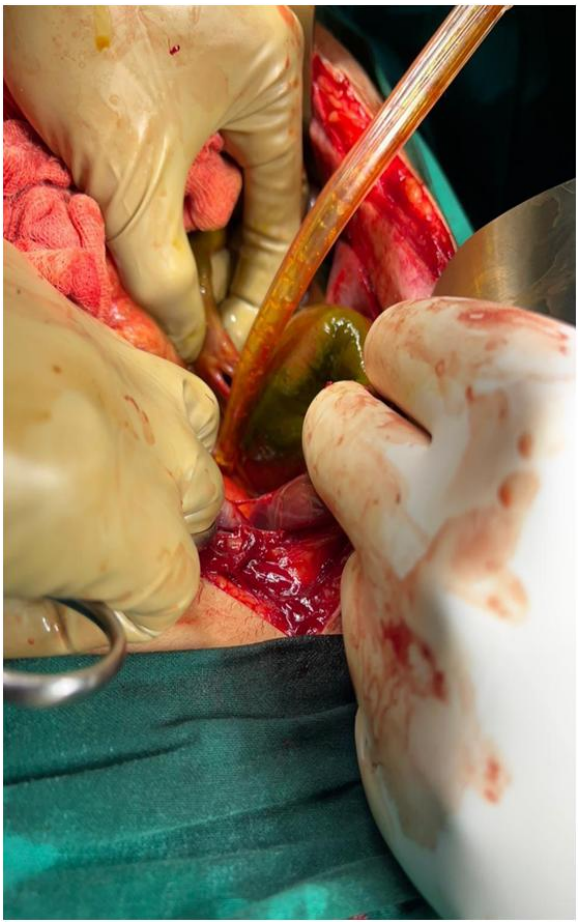
CECT abdomen and pelvis showing free fluid in the subhepatic space with suspicious injury of gall bladder.

Patient was posted for emergency laparotomy. Intraoperatively contusion of gallbladder at fundus was noted at with bile staining of hepatic flexure and a part of duodenum. 500ml of bile stained fluid drained out. Dense adhesions noted between cysticduct and bowel with a difficult Calot's dissection.

Hence partial cholecystectomy with percutaneous cholecystostomy with 14Fr Foley catheter was performed. Patient recovered well and was discharged on 5th post operative day with cholecystostomy tube in situ which was removed on POD- 21 during follow up. Patient is advised for interval cholecystectomy after 6weeks.



INTRAMURAL HEMATOMA / CONTUSION OF GALL BLADDER WITH BILE STAINING OF HEPATIC FLEXURE AND SMALL BOWEL.



DENSE ADHESIONS AT LEVEL OF CALOT'S TRIANGLE WITH SMALL BOWEL.

3. Discussion

Gall bladder injury is often associated with other solid organ injury incasesof abdominal trauma. Incidence of isolated gall bladder injury is only 2% and is quite less suspected. This causes delay in the diagnosis and management of patient leading to increased morbidity and mortality. Though cholecystectomy is the ideal line of management, it may not always be possible.

4. Conclusion

Though isolated injury of the gall bladder is rare it should be suspected in cases of trauma with no obvious signs of other organ injury. Cases with fatal complications due to gall bladder injury have been reported previously. Percutaneous cholecystectomy in cases of isolated gall bladder injury are not routine but can prove to be life saving in certain cases.