

Clinical Image

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Surprises in surgery

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Introduction

Gallbladder agenesis represents the 0.01-0.04% of congenital anomalies (0.016 in autopsies). Patient become symptomatic in over the 20% of cases with false-positive imaging of cholelithiasis on ultrasound examination that leads to elective laparoscopic cholecystectomy. Pancreas divisum (PD) is the most frequent congenital disorder of the pancreas occurring in 4-14% of population and cause of recurrent acute pancreatitis. Three types of PD are known: type 1 (70%) total failure of fusion; type 2 (20%) dominant dorsal drain in absence of Wirsung; type 3 (5-10%) inadequate connection between dorsal and ventral branch.

Clinical case

A 53 years old man was admitted for recurrent pain in right hypochondrium and epigastrium, ultrasound (US) findings of gallstones in scleroatrophic gallbladder without blood count values of cholestasis. Laparoscopy showed a normal common biliary duct (CBD) in absence of gallbladder in its normal site and in the most common sites for ectopia (Figure 1). Surgical procedure was suspended and magnetic resonance cholangio-pancreatography was utilized according to Meld's algorithm, in order to verify any other malformations. MRCP showed normal

intra ed extrahepatic biliary tree (Figure 2), gallbladder agenesis and a suspect Pancreas divisum (type 3) (Figure 3).

Conclusion

In presence of an incidental diagnosis of gallbladder agenesis it is suggested to avoid further surgical procedures and to follow the Meld's algorithm for confirming gallbladder agenesis by MRCP. Conservative therapy and/or sphincterotomy are the following options on thebase of patient's symptoms.

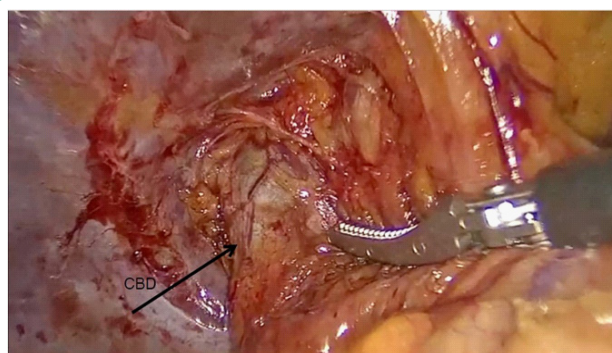


Figure 1: Laparoscopy showed a normal common biliary duct (CBD) in absence of gallbladder in its normal site and in the most common sites for ectopia.

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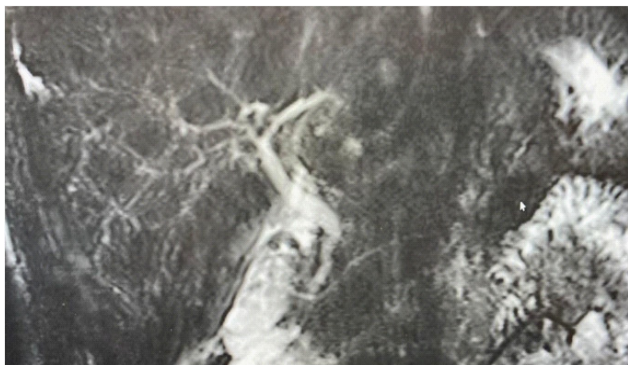


Figure 2: MRCP showed normal intra ed extrahepatic biliary tree.

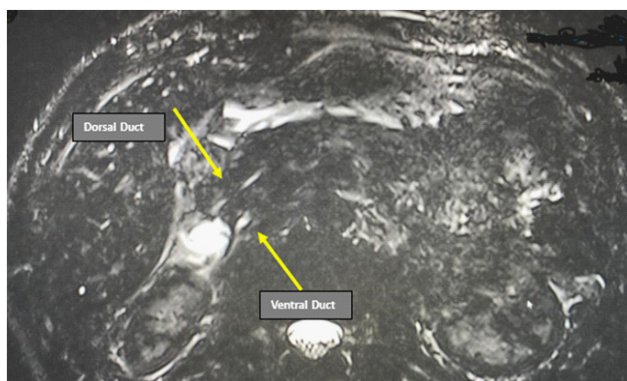


Figure 3: Gallbladder agenesis and a suspect Pancreas divisum.

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