Gallstone abscess: some drops may end up costlier!

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This 47-year-old female patient presented to the Gastrointestinal Surgery OPD at our hospital with long standing abdominal pain and 2 weeks history of fever. She had undergone laparoscopic cholecystectomy 18 months back. CT scan of the abdomen revealed a 4 cm×4 cm well defined extraperitoneal collection located between the left lobe of liver and the anterior abdominal wall compressing the left lobe (Fig. 1). MRI abdomen showed multiple signal void foci in all sequences within the collection (Fig. 2) suggesting the diagnosis of abscess complicating dropped gallstones. Surgical drainage of the abscess with stone retrieval was performed. Intraoperative perforation of the gallbladder and spillage of gallstones is a well-known complication of laparoscopic cholecystectomy, but subsequent abscess formation is unusual [1]. The incidence of

gallbladder perforation has been estimated to occur during 15 % to 30 % of laparoscopic cholecystectomy. The incidence of intraabdominal abscesses is reported to be 0.6 % in patients who had bile spillage and 2.9 % in those who had both bile and gallstone spillage [2]. Dropped stones are a potential source of recurrent intraabdominal and intra-thoracic abscesses. Hence in addition to drainage of abscess, attempts should be made to remove the calculi either percutaneously or by surgery.

Fig. 1 CT scan showing extraperitoneal collection anterior to liver

Fig. 2 Fat sat T2 weighted MRI showing signal void foci within the collection consistent with calculi

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