Intrahepatic rupture of empyema gallbladder

Naduthottam Palaniswami Kamalesh · Kaniyarakal Pramil ·
Kurumboor Prakash

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A 70-year-old woman presented with right upper quadrant pain and fever since 1 month, with exacerbation of symptoms since 1 week. Clinically, she had tenderness in the right hypochondrium; laboratory parameters showed elevated AST, ALT and alkaline phosphatase values. Ultrasonogram abdomen showed a large abscess in liver with suspicious communication with gallbladder. CT scan of abdomen showed a large irregular thick-walled cystic lesion in segments 5 and 8 of liver suggestive of a liver abscess. This cavity communicated with a thick-walled edematous gallbladder, that contained few calculi (Fig. 1). A diagnosis of empyema gallbladder with intrahepatic rupture and abscess formation in the liver was made. Ultrasound-guided percutaneous drainage of the abscess was done with a plan for elective laparoscopic cholecystectomy.

Perforation of the gallbladder is a rare complication that occurs in 2 % to 11 % of acute cholecystitis; delay in diagnoses is a major cause of morbidity and mortality [1]. Niemeier classified gallbladder perforations into 3 types: type I—acute, manifests with generalized peritonitis; type II—subacute, which denotes localization of fluid at the site of perforation with formation of a pericholecystic abscess; and type III—chronic, in which internal or external fistula occur [2]. Our patient had Type II perforation.

CT scan is more sensitive than ultrasonogram for the diagnosis of perforation [2]. Visualization of the perforation “hole sign”, the demonstration of communication between the abscess and the gallbladder and points towards the diagnosis [3].

Fig. 1 Communication of abscess cavity with gallbladder

References

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N. P. Kamalesh (✉) · K. Pramil · K. Prakash
Department of Gastrointestinal Surgery,
PVS Memorial Hospital,
Cochin 682017 Kerala, India
e-mail: kamli6@yahoo.co.uk