

A SYMPTOMATIC MULTISEPTATE GALLBLADDER WITHOUT GALLSTONES

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ABSTRACT

Multiseptate Gallbladder is a rare congenital abnormality, which can be totally asymptomatic or responsible for biliary pain in the absence of cholelithiasis or cholecystitis. In case of persistent symptomatology, cholecystectomy represents the treatment of choice.

Keywords: Multiseptate gallbladder; Cholecystectomy; Biliary Colic

CASE REPORT

A 30-year-old woman with no significant history, presented with recurrent pain in the right hypochondrium after rich meals since several years. The blood tests showed no abnormality, with normal inflammation markers and normal hepatic tests. Abdominal ultrasonography (Figure 1) found a multiseptate gallbladder (MSG) showing multiple transverse and non-vascularized septa, in the absence of dilatation or parietal thickening; no gallstone was found. The patient underwent laparoscopic cholecystectomy. Intraoperative cholangiography showed no abnormality. The pathological assessment confirmed the diagnosis of MSG (Figure 2). At the last control, three months after surgery, the patient was asymptomatic.

DISCUSSION

MSG is a rare congenital abnormality, most commonly found in children [1] in which the gallbladder is divided into several compartments of different sizes by intraluminal septa. Compartments are in communication with each other. Septa, covered by a typical cylindrical epithelium, can be partial or complete [2] MSG may be asymptomatic, or may cause recurrent pain in the right upper abdominal quadrant, without abnormality of blood tests and without complications (sludge, gallstones, or cholecystitis) [1-3]. The literature concerning this rare condition is scanty with

just a few case reports. Since regression of symptoms has been reported after cholecystectomy, surgical treatment is likely to be justified in case of persistent symptomatology [1-3].

Figure 1: Ultrasound image of a multiseptate gallbladder.



Figure 2: Image of a multiseptate gallbladder operative piece after opening along its major axis.



Conflict of interest

The authors declare no conflict of interest.

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