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Extended Abstract

Agenesis of gallbladder and cystic duct: Diagnosed outside the operating room clinical case presentation and review of literature

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Abstract

Gallbladder agenesis could be a rare birth defect of the biliary tract. The diagnosis is typically made during surgery. It's been proven to be very difficult to create an accurate preoperative diagnosis of agenesis of the gallbladder in symptomatic patients. The aim of this presentation is to share our experience a couple of case of middle-aged lady who presented with symptoms of biliary colic. Ultrasound examination revealed cholelethiasis with contracted gallbladder. On Contrast CT examination gallbladder couldn't be visualized. On further imaging as MRCP diagnosis of gallbladder agenesis may be confirmed. This helped in avoiding unnecessary surgery and patient was conservatively treated.

A middle-years lady presented to surgical department with symptoms of right upper abdominal pain and dyspepsia. On examination she was hemodynamically stable and there was no fever. On examination abdomen was soft with negative Murphy's sign and active peristalsis. Laboratory tests were within normal limits. Ultrasound imaging revealed cholelethiasis with contracted gallbladder. Subsequently the Contrast CT scan of abdomen was done which revealed non-visualization of gallbladder and cystic duct. Further to substantiate MR Cholangiogram was done and therefore the gallbladder and cystic duct were found to be absent with remainder of the additional hepatic biliary tree to be normal.

Agenesis of the gallbladder may be a very rare condition and might create difficulties for surgical team when diagnosed during lap choly. With the event of higher imaging modalities it's been possible to diagnose gallbladder agenesis before surgery. Correct preoperative diagnosis can help to avoid unnecessary surgeries and reduce exploration complications.

It is estimated that 23% of patients with gallbladder agenesis present with symptoms of biliary colic. Out of those patients, 90.1% will present colicky pain within the right hypochondria, 66.3% with post prandial nausea and vomiting, 37% with acid peptic symptoms and 27% CBD stones. These symptoms are often attributed to the speculation of biliary dyskinesia. it's well-known that ultrasound is that the imaging technique of option to assess the gallbladder; but difficulty in reporting arises when gallbladder is either contracted or atrophic. WES ((Wall, Echo and Acoustic shadow) triad was described for diagnosis of gallstones. Some ultrasound examinations performed on patients of agenesis of gallbladder can report cholelethiasis and this will be explained as a result of the very fact that radiologist can misdiagnose the perioral tissue, sub hepatic peritoneal folds, duodenum or calcified hepatic lesions with the WES triad.

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On genital absence of the gallbladder is an especially rare embryological aberration that's frequently mistaken for cholecystolithiasis; the aim of this study is to analyse the diagnostic methods for agenesis of the gallbladder. Two surgically confirmed gallbladder agenesis cases in our hospital and 75 cases of gallbladder agenesis reported within the literature in China were reviewed. It's extremely difficult to form an accurate diagnosis of gallbladder agenesis before operation. When suspected, it should be confirmed by ERCP and MRCP. Interoperate, if no gallbladder may be found during laparoscopy, open surgery should be immediately performed Clinician's understanding of this disease is of great help in avoiding unnecessary surgical exploration and minimizing the danger of complication. Patients with gallbladder agenesis will be classified into two new types, I: Symptomatic, II: Asymptomatic. Type I are often divided into two subtypes: I a with fatal malformations and that I without fatal malformations.

Congenital absence of the gall bladder is a particularly rare embryological aberration with a reported incidence ranging between 0.013 and 0.075%. This report, the primary from African country, discusses 2 cases of gall bladder agenesis, bringing to 413 the quantity of cases reported within the literature. In confirming the diagnosis of an agenesis of the gall bladder, it's necessary to exclude the abnormal locations which are intrahepatic, retro hepatic, on the left side, or within the momentum or ligament and retroperitoneal. Patients with gall bladder agenesis are classified into 3 categories: i) Multiple foetal anomaly (12.9%), ii) Asymptomatic (31.6%) and iii) Symptomatic (55.6%). Notwithstanding current diagnostic modalities, this rare condition should present a dilemma to the abdominal surgeon. Agenesis of the gall bladder may be a well-recognised but uncommon birth defect. With the arrival of minimal access surgery laparotomy could also be avoided because the condition, when suspected, is also confirmed by ERCP and CT scan. Gallbladder agenesis may be a rare congenital malformation because of an embryological defect of the biliary system. In most cases it's asymptomatic, but it can even mimic biliary colic. We report the case of a 72-year-old Caucasian woman with a medical record of disorder and hypercholesterolemia, under cholesterol-lowering and hypotensive treatment, who presented symptoms suggesting biliary colic. She underwent laparoscopic surgery that confirmed the ultimate diagnosis. We present our approach during this rare case likewise as a short review of medical literature. The surgeon should decide intraoperatively whether to continue and look for a possible ectopic gallbladder or investigate further with imaging studies. Gallbladder agenesis could be a rare condition that the surgeon must

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bear in mind of. Within the cases of inconclusive or indirect signs of cholelithiasis, the simplest approach is complementary imaging investigations like resonance cholangiopancreatography so as to avoid surgery. ORV Hetil. 2019; 160(38): 1510-1513.

Congenital agenesis of the gallbladder and cystic duct represents a rare anomaly of the biliary system. It likely results from an embryologic mishap within the development of the hepatobiliary bud and might occur with other associated malformations. We report the case of congenital absence of the gallbladder and cystic duct incidentally found during laparoscopy during a 44-year-old Caucasian female. Supported the clinical presentation and ultrasonography findings, the patient was presumed to possess symptomatic cholelithiasis and chronic cholecystitis. A lap choly was planned. After introducing the laparoscope, the gallbladder and cystic duct were absent and therefore the procedure aborted. Gallbladder and cystic duct agenesis was confirmed by resonance cholangiopancreatography. We describe here the difficulties with diagnosis and pain management, and review the literature of this rare pathology.