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Perforation of the gall bladder: An uncommon complication of acute cholecystitis

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Introduction: Acute Gall Bladder Perforation (GBP) is one of the complications that can occur in patients with acute cholecystitis. GBP can be classified into three types as per the Niemeier classification: Type-I is the acute perforation into the free peritoneal cavity; Type-II is the subacute perforation with abscess formation; and Type-III is the chronic perforation with the formation of fistula between the gallbladder and the another viscus. GBP is an uncommon complication of acute cholecystitis but is a life-threatening complication with a reported mortality rate of 12-42%. Therefore, it is of high significance to highlight cases of GBP, how to diagnose such cases and how to manage them. Acute cholecystitis is a common condition that may present with uncommon complications like gallbladder perforation. Such an uncommon complication usually presents a challenge to surgeons to diagnose and provide the necessary management as early as possible. The mortality rates are directly related to early surgical intervention. Therefore, it is crucial to keep in mind such a complication and know when to further investigate in such patients. In this report we will describe an acute perforated cholecystitis case that was almost missed due to the unspecific clinical presentation.

Case Report: A 40 years old female came to the Accident and Emergency Department complaining of sudden sharp constant abdominal pain that started two hours ago. The pain was in the epigastric region and was radiating to the back. It was associated with nausea and fever. On physical examination the patient had the following vitals: Temperature 38.4 o C, Heart Rate 100 bpm, Blood Pressure 136/74 mmHg, A tube drain was inserted. The operation was completed laparoscopically. Post-operatively, the patient stayed in the hospital for 4 days. She was kept on antibiotics during her stay. The drain was removed after 48 hours. She was vitally stable throughout her post-operative period; it was uneventful. She was then discharged home with advice to follow up in the surgical clinic.

Discussion: GBP is an uncommon and a very difficult complication to diagnose preoperatively. This case report wants to shine a light on the importance of expanding the differential diagnoses that are kept in mind when dealing with acute cholecystitis patients that do not improve and deteriorate in a short period of time. Delayed diagnosis leads to delayed surgical intervention which is associated with increased morbidity, mortality, higher ICU admissions and longer hospital stay postoperatively. In our case we were able to surgically intervene within 8 hours of admission which led to the uneventful postoperative stay.

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