SMGr\$up

SM Journal of **Clinical Anatomy**

Clinical Image

A Symptomatic Multiseptate **Gallbladder without Gallstones**

Damien Dousse1*, Laura Marcu2 and Francesco Martini1

¹Service de Chirurgie Digestive, Hôpital Joseph Ducuing, France ²Service de Radiologie, Hôpital Joseph Ducuing, France

Article Information

Received date: Mar 23, 2018 Accepted date: Mar 26, 2018 Published date: Mar 27, 2018

*Corresponding author

Damien Dousse, Service de Chirurgie Digestive, Hôpital Joseph Ducuing, Toulouse, France, Email: damien.dousse1@orange.fr

Distributed under Creative Commons CC-BY 4.0

Keywords Multiseptate gallbladder; Cholecystectomy; Biliary Colic

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.

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.





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

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].

References

- Wanaguru D, Jiwane A, Day AS, Adams S. Multiseptate Gallbladder in an Asymptomatic Child. Case Rep Gastrointest Med. 2011; 2011; 470658.
- Geremia P, Tomà P, Martinoli C, Camerini G, Derhi LE. Multiseptate gallbladder: Clinical and ultrasonographic follow-up for 12 years. J Pediatr Surg. 2013; 48: 25-28.
- Karaca T, Yoldas O, Bilgin BC, Bilgin S, Evcik E, Ozen S. Diagnosis and Treatment of Multiseptate Gallbladder with Recurrent Abdominal Pain. Case Rep Med. 2011; 2011: 162853.