# CASE REPORT : DOUBLE GALL BLADDERS WITH CHOLELITHIASIS

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A young men aged about 27 years referred for ultrasonography of the upper abdomen having a history of colicky pain in the right upper abdomen for the last three days associated with vomitting. Previously he had several attacks of the same nature. On general physical examination, tenderness was present in the right upper abdomen, with a little elevation of temperature, pulse 84/min and blood pressure was 130/75 mm Hg.

Ultrasound scan was done previously elsewhere and the case was diagnosed as choledocholithiasis with extrahepatic biliary dilatation.

In the ultrasonogram, we found that there were two gall bladders clearly separated from each other, one was normal in size and shape, another one was a bit smaller ; both of them were extrahepatic. There were multiple small bright structures casting shadows in the smaller one and the walls of these gall bladder were thickened. There were no intra or extrahepatic biliary dilatation, and the case was diagnosed as double gall bladder with cholelithiasis. The diagnosis was confirmed by laparotomy, during laparotomy it was found that there were two gall bladders, both were in the gall bladder fossa, having each a separated cystic duct. Cholecystectomy was done (Both gall bladders were removed).

# INTRODUCTION

The double gallbladder, a rare congenital anomaly, is important in clinical practice because it may cause some clinical, surgical, and diagnostic problems.

A case of double gall bladders is usually diagnosed by preoperative ultrasonography.

#### DISCUSSION

A case of symptomatic cholelithiasis in a double gallbladder, diagnosed by preoperative ultrasound scan, was reported.

The double gallbladder is a congenital anomaly of rare preoperative diagnostic finding, which could be presented in an asymptomatic or symptomatic form. They becomes clinically manifested through repeated biliary colics. The preoperative diagnostic procedures did reveal the malformation, and the presence of lithiasis in one of the gallbladders but did not detect for an anomalous insertion of the cystic duct, bile duct. Either one, or both lobes, of the double gall bladder, may be diseased. Another author report a patient in whom the two lobes were affected by different disease processes, namely, cholesterosis, and cholelithiasis with mucocele.<sup>1</sup>

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Case Report : Double Gall Bladders with Cholelithiasis

The double gallbladder and the accessory gallblsdder are rare congenital anatomical variations, but important due to an increased risk of gallstones and biliary tree malformations. Most cases have been diagnosed incidentally during surgery.<sup>2</sup>

We emphasize that if a case is diagnosed or suspected preoperatively as double gall bladder by ultrasound scan than a careful intraoperative cholangiographic evaluation of the accessory gallbladder is mandatory in order to prevent inadvertent injury to bile ducts, since a large variety of ductal abnormality may exist.<sup>3</sup>

It can be concluded that the valuable information obtained by proper ultrasound can reduce the unnecessary delay of the management, there by relieving the patient form many morbid conditions.

Although there are different modalities for detection of double gall bladder namely USG, OCG, CT, MRI but most agree that USG should be used as first means of study, since early CT, MRI are also sensitive but invasive, hazardous and expensive.

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