Symptomatic calculi in a remnant gallbladder: a rare cause of post-cholecystectomy syndrome and biliary pancreatitis

Biliary pain after cholecystectomy, known as post-cholecystectomy syndrome, is common and has a broad differential diagnosis. Here we present a case of biliary pancreatitis and intermittent biliary pain that was caused by a remnant gallbladder that contained calculi.

A 45-year-old man presented for evaluation of abdominal pain. He had undergone cholecystectomy 2 years previously and described intermittent right upper quadrant pain and bloating associated with fatty meals, which had begun a few months after the cholecystectomy. He had been hospitalized 3 months before presentation to us with biliary pancreatitis. His physical examination was notable for mild right upper quadrant tenderness only. Laboratory results showed normal transaminases and bilirubin, but his alkaline phosphatase was minimally elevated. A computed tomography (CT) scan showed a small pouch with tiny calculi connected to the biliary tree (Fig. 1). This finding was confirmed by magnetic resonance cholangiopancreatography (MRCP) (Fig. 2). Endoscopic retrograde cholangiopancreatography (ERCP) was therefore performed. The cholangiogram showed a normal main bile duct, but calculi within a cystic structure that was connected to the biliary tree through the cystic duct, compatible with a gallbladder remnant.

(● Fig. 3). A plastic stent was placed in the common bile duct (CBD) to facilitate intraoperative identification. The patient underwent resection of the gallbladder remnant 1 month later, following which he had no further symptoms.

Calculi in the gallbladder or cystic duct remnant account for less than 2.5% of cases of post-cholecystectomy syndrome but must be considered in any patient with recurrent biliary pain after cholecystectomy [1]. Typically, symptoms arise if the cystic duct remnant contains stones and is longer than 1 cm [2]. The cystic duct remnant dilates, giving the impression of a small gallbladder on imaging studies. Presentation can occur within weeks to months, but may be as long as decades after cholecystectomy. The condition can arise in those who have undergone either open or, more commonly, laparoscopic cholecystectomy [3,4]. Treatments include ERCP with sphincterotomy and possible stent placement to aid CBD drainage, with the definitive treatment being “re-cholecystectomy” [2], as in our patient. Successful extracorporeal shock-wave lithotripsy (ESWL) has also been reported [5]. While symptomatic calculi in a remnant gallbladder are rare, gastroenterologists should be aware of this diagnosis as endoscopic therapy may be indicated and surgical referral is usually warranted.

Endoscopy_UCTN_Code_CCL_1AZ_2AD

Competing interests: None

Stephanie Judd1,2, Lawrence Miller1, Fadi Antaki1

1 Division of Gastroenterology, Department of Internal Medicine, John D. Dingell VA Medical Center and Wayne State University School of Medicine, Detroit, Michigan, USA
2 Detroit Medical Center, Detroit, Michigan, USA

Acknowledgment

This material is the result of work supported with resources and the use of facilities at the John D. Dingell VAMC, Detroit, Michigan. The content does not represent the views of the Department of Veteran Affairs or the United States Government.
Fig. 3  View during endoscopic retrograde cholangiopancreatography (ERCP) showing the normal common bile duct and remnant gallbladder.

References

Bibliography
DOI http://dx.doi.org/10.1055/s-0033-1359193
Endoscopy 2014; 46: E67–E68
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
Stephanie Judd, MD
Division of Gastroenterology
Department of Internal Medicine
John D. Dingell VA Medical Center and Wayne State University
4646 John R Road
C3820, Detroit
MI 48201
USA
Fax: +1-313-576-1237
sjudd@med.wayne.edu