A 64-year-old man who had a transabdominal cholecystectomy for symptomatic gallstones 6 months before was referred to the hospital with right hypochondrial pain. On admission, he was asymptomatic. A CT scan revealed a 300 ml acute cholecystitis. After 2 years, the patient had symptomatic relief.

**Case 2**

A 66-year-old woman returned to hospital with a 2-month history of right hypochondrial pain, fever, and vomiting. An ultrasound scan showed a gallbladder with no stones and a right pleural effusion. The patient was asymptomatic after 1 month, so a right pleural effusion was drained and multiple small bile duct stones were found and extracted. One month later he returned to hospital with a right pleural effusion and multiple small bile duct stones were found and extracted. One month later he returned to hospital with a right pleural effusion and multiple small bile duct stones were found and extracted. One month later he returned to hospital with a right pleural effusion and multiple small bile duct stones were found and extracted. One month later he returned to hospital with a right pleural effusion and multiple small bile duct stones were found and extracted.

The complication rate from retained stones is not high enough to warrant insulinuria. A conversion (S) with an effort to remove an effort.

**Fig. 1** Compared tomography (CT) scans of the abdomen before and after laparoscopic cholecystectomy. The patient is asymptomatic. A CT scan revealed a 300 ml acute cholecystitis. After 2 years, the patient had symptomatic relief.
References


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