

Torsion of the Gallbladder in an Adult: A Rare Case of Acute Cholecystitis

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Abstract

Torsion of the gallbladder is a rare condition that is generally due to an abnormal anatomical variation, *i.e.*, the presence of a long mesocyst with loss of fixation of gallbladder to the inferior margin of the liver. The clinical features closely mimic those of acute cholecystitis. In any case, the definitive diagnosis is made during surgery^(1,2).

Keywords: Torsion gallbladder- Laparoscopy - Acute cholecystitis

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Case report

An old woman aged 60 years was admitted with a 12-hour history of right hypochondriac pain, nausea, and vomiting. Her medical history included hypertension. Physical examination revealed tachycardia (heart rate, 110 beats/min). Her blood pressure was 165/90 mmHg and her temperature was 37.5°C. She was not jaundiced. Plain abdominal X-ray revealed dilated small bowel consistent with localized ileus. Abdominal ultra-sonography demonstrated a distended, fluid-filled, thick-walled gallbladder with surrounding edema. There were no stones. The preoperative diagnosis was acute cholecystitis. At exploration, the gallbladder was suspended by a long cystic duct and a short mesentery. It was gangrenous and twisted more than 360° clockwise on the cystic duct. Cholecystectomy was carried out without incident.

Discussion

Acute torsion of the gallbladder is a rare abdominal disease^(1,2).

It affects women more frequently than men; particularly among the elderly.⁽³⁾ Elderly females are most frequently affected. Because of the rarity of the condition, misdiagnosis occurs frequently and patients are generally diagnosed as having acute cholecystitis^(4,5). Two types of torsion, incomplete (rotation less than 180°) and complete (rotation more than 180°), are described. According to several authors, the initiator of the torsion would be peristalsis in the transverse colon, duodenum, or gallbladder itself⁽⁶⁾.

Diagnosis of the condition is extremely difficult because of the absence of specific clinical or imaging signs; in particular, echography cannot differentiate acute volvulus from other causes of acute cholecystitis.⁽⁷⁾ Gallstones may or may not be present. Surgical treatment is technically easy because traction on the mobile gallbladder enables the anatomy of Calot's triangle to be readily identified. This should lead to more laparoscopic management of this condition.

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