RARE PRESENTATION OF GALL BLADDER ADENOMYOMATOSIS

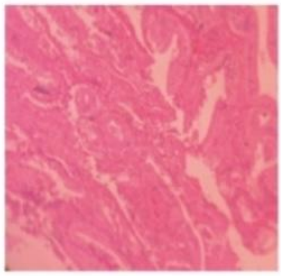
Abstract:
Introduction: Adenomyomatosis is a benign alterations of gall bladder wall that can be found in 9% of patients. We present a case of gall bladder adenomyomatosis of young male presented with right upper quadrant pain. **Case Report:** A 22 year old male admitted with a history of pain over right upper quadrant for 8 months. The patient's physical examination revealed tenderness over the right hypochondrium region. Contrast enhanced computed tomography showed - gall bladder wall appeared diffusely thickened with multiple small cystic areas noted.**Conclusion:**Symptomatic gall bladder adenomyomatosis is an indicator for cholecystectomy, which results in complete disappearance of symptoms. Asymptomatic cases are not an indication for surgery, but the radiological diagnosis must be beyond any doubt. If there is a any diagnostic doubt about the possibility of gall bladder cancer, a cholecystectomy is justified.

Keywords: Adenomyomatosis; gall bladder; cholecystectomy.

AIM : Presenting a rare case of gall bladder adenomyomatosis.

INTRODUCTION :Adenomyomatosis is a benign alterations of gall bladder wall that can be found in 9% of patients. We present a case of gall bladder adenomyomatosis of young male presented with right upper quadrant pain. Gall bladder adenomyomatosis is a rare gall bladder abnormality with distinctive gross and histopathological features and relatively specific findings at multimodality imaging. They may differentially diagnosed as cholecystitis or malignant lesions of gall bladder. It is most often an incidental finding, has no intrinsic malignant potential and usually needs no treatment.

CASE REPORT : A 22 year old male admitted with a history of pain over right upper quadrant for 8 months. The patient's physical examination revealed tenderness over the right hypochondrium region. Contrast enhanced computed tomography showed - gall bladder wall appeared diffusely thickened with multiple small cystic areas noted. Heterodense enhancement noted on contrast administration. Features suggestive of gall bladder adenomyomatosis. Laparoscopic cholecystectomy was done. Gall bladder was sent for Histopathological examination.Post operative period was uneventful. Grossly, gall bladder measuring 9*4.5*1.5cm. External surface near the fundus appears irregular, not covered by serosa. Cut surface revealed a thickened grey white area at the fundus of gall bladder measuring 2*1.5*1.5 cm. It is pale white and focal grey brown areas are seen. Grossly it appears involving the serosa. It is 6cm away from the resected margin. The neck and the body is normal. The wall is thickened ranging from 1 to 1.5cm. Fig 1:

Histopathological report was eosinophilic cholecystitis with adenomatous hyperplasia.

DISCUSSION AND CONCLUSION : Gall bladder adenomyomatosis is a benign, acquired anamolycharacterised by hypertrophy of the mucosal epithelium that invaginates into the interstices of thickened muscularis forming so called Rockitansky-Aschoff sinuses. Adenomyomatosis is classified into three subtypes- diffuse, segmental or focal forms. Etiology and pathogenesis are not well understood but chronic inflammation of the gall bladder is a necessary prescursor. Adenomyomatosis can also be revealed by an attack of acalculous cholecystitis. Pre-operative diagnosis is based mainly on ultrasound. Symptomatic gall bladder adenomyomatosis is an indicator for cholecystectomy, which results in complete disappearance of symptoms. Asymptomatic cases are not an indication for surgery, but the radiological diagnosis must be beyond any doubt. If there is a any diagnostic doubt about the possibility of gall bladder cancer, a cholecystectomy is justified.

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