

TITLE: RARE PRESENTATION OF GALL BLADDER ADENOMYOMATOSIS
DR M ISHWARYA¹, R ANANTHARAMAKRISHNAN², K SENTHIL KUMAR^{3*}, DR. PRANAY. K¹

Abstract:

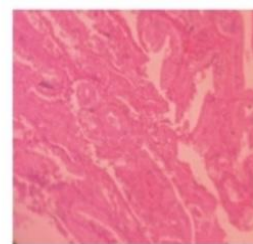
Introduction: Adenomyomatosis is a benign alterations of gall bladder wall that can be found in 9% of patients. We present a case of gall bladder adenomyomatosis of young male presented with right upper quadrant pain. **Case Report:** A 22 year old male admitted with a history of pain over right upper 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.

INTRODUCTION: The Aim of this study is presenting a rare case of gall bladder adenomyomatosis. 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. Histopathological report was eosinophilic cholecystitis with adenomatous hyperplasia.

DISCUSSION AND CONCLUSION : Adenomyomatosis of Gall Bladder is a benign and acquired condition.




Chronic inflammation of Gall Bladder is the precursor. It is typically seen in 5Th decade of life. As the result of prolonged inflammation, the incidence tends to increase with age. Female predilection is seen (M:F-1:3). Gall Bladder Adenomyomatosis is not a pre-malignant lesion, but chronic inflammation tend to have high risk of malignant transformation. Gall Bladder Adenomyomatosis is characterised by Rokitansky Aschoff Sinuses - outpouchings of mucosa into the muscle layer. There is excessive epithelial proliferation with hypertrophic of muscularis propria. Types of Gall Bladder Adenomyomatosis include 1) fundal- the focal thickening seen in the Gall Bladder fundus 2) Segmental - circumferential growth in the Gall Bladder forming compartments and 3) diffuse- characterised by disseminated thickening of Gall Bladder. Nowadays Gall Bladder Adenomyomatosis is being increasingly diagnosed with the use of wide spectra of Radiological imaging studies. Characteristic ultrasound find is comet-tail artefacts, Pearl-necklace sign on MRI and rosary sign in

computed tomography. To conclude - asymptomatic gall bladder is not an indication for cholecystectomy and periodic follow up and observation for co-existing malignant changes is needed. When it is symptomatic cholecystectomy is done. When in doubt of malignancy too, cholecystectomy is indicated.

REFERENCES:

- 1) N.GolseM.Lewin.Sebaghd-Y.Maburute;Gall bladder adenomyomatosis; Diagnosis and management; Journal of visceral surgery volume-154,Issue 5, OCT 2017.
- 2) Jonathan Joshi; Lindseykirk; PUBMED-Adenomyomatosis stat-earls.
- 3) Melani A Ellin, BS RDMS; A review of adenomyomatosis and gall bladder sonography; Journal of diagnostic Medical Sonography; January 1989.

SCIENCEDOMAIN International
www.sciencedomain.org



SDI Patient Consent Form 1.0

Date: 21/12/2021
Place: CHENNAI

Name of the Journal	JOURNAL OF PHARMACEUTICAL RESEARCH INTERNATIONAL
Title of the article	RARE PRESENTATION OF GALL BLADDER ADENOMYOMATOSIS
Name of the Authors	DR.M.JCHWARVA (G.S PG); PROF RANATHIARA MAKRISHAN; PROF KENTHIL EDMA
Patient's name:	NR. KARTHIC PRIYAN

I give my consent for this material to be published in the above mentioned journal and associated publications without limit on the duration of publication.

I understand that the material will be published in the above mentioned journal will be included in any reprints of the published article. I understand that my name will not be included in the published article, and that every effort will be made to keep my identity anonymous in the text and in any images. However, I understand that complete anonymity and control of all uses cannot be guaranteed.

I have been offered the opportunity to preview the material in the format it will eventually appear and I am satisfied with it.

Signed: [Signature]
Full Name of the Patient: MR. KARTHIC PRIYAN

Alternative:
Signed: [Signature]
Full name of the relative: MRS. PACHAIYANMAL
Relation: MOTHER

Patient's Name and contact address	MR. KARTHIC PRIYAN 910, PILLAYAR KOVIL STREET, PADUR, CHENNAI - 603103
Corresponding author's name and contact address	DR.M. JCHWARVA 1102 TIANA HOH, 247702, CHENNAI-603103