Ectopic Gall Bladder: A Rare Case

Sir.

Ectopic location of the gall bladder is rare. An ectopic gall bladder is a dangerous entity as it can lead to misdiagnosis. Imaging can help the surgeon plan a proper approach to the ectopic gall bladder. Here we report a rare case.

A 60-year-old male patient with complaints of acute-onset diffuse abdominal pain was referred to us for imaging. On ultrasound (US), the gall bladder (GB) could not be located in the GB fossa. However, an oblong sac-like structure was seen in the right hypochondrium, situated inferior and lateral to the liver and appearing separate from the liver [Figure 1]. We made a provisional diagnosis of ectopic/floating gall bladder. CT scan was carried out for proper delineation of the pathology and this confirmed the diagnosis [Figure 2]. The gall bladder was surgically removed and was found to be suspended from a long mesentery.

Ectopic location of the gall bladder is very rare, its incidence being 0.1-0.7%. It can be left-sided, transversely positioned, retroperitoneal, or floating. Ectopic gall bladder has also been reported in the lesser omentum, the retroduodenal area, falciform ligament, within the abdominal wall muscles, and within the thorax.^[1-3]

An ectopic gall bladder is a dangerous entity as it can create clinical confusion. If it is situated away from the peritoneum, the typical signs of acute cholecystitis can be absent and peritoneal signs may not be seen. A wandering or floating gall bladder, suspended from a long mesentery and hanging freely from the liver bed, as in our case, is susceptible to torsion and consequent gangrene. Peristaltic movements of the stomach, duodenum, and the transverse colon can initiate torsion. Herniation through the foramen of Winslow into the lesser sac is another complication of a floating gall bladder. [2,3]

The anomalous position of the gall bladder can result in misinterpretation of imaging findings. Awareness of the possibility of such an anomaly facilitates proper diagnosis. US and CT can reveal a floating gallbladder lying outside its normal anatomical fossa. [4,5] Imaging helps the surgeon to plan a proper approach for an ectopic gall bladder. It has been recommended that cholecystectomy should be carried out for ectopic gall bladder, even in asymptomatic cases.

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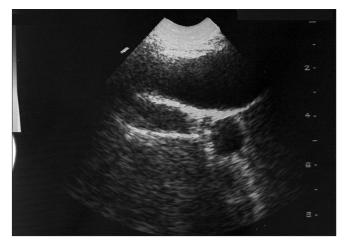


Figure 1: Ultrasound with probe placed at lateral aspect of right hypochondrium



Figure 2: Coronal CT scan at level of the liver

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REFERENCES

- Haaga JR, Herbener TE. The gall bladder and biliary tract. CT and MR of Imaging of the whole body. 4th ed. Missouri: Mosby, Inc; 2003. p. 1341-94.
- 2. Meilstrup JW, Hopper KD, Hieme GA. Imaging of gall bladder variants. Am J Roentgenol 1991;152:1205.
- Blanton DE, Bream CA, Mandel SR. Gall bladder ectopia: A review of anomalies of position. Am J Roentgenol 1974;121:396.
- Havrilla TR, Reich NE, Haaga JR, Seidelmann FE, Cooperman AM, Alfidi RJ. Computed tomography of the gall bladder. Am J Roentgenol 1978;130:1059.
- Naganuma S, Ishida H, Konno K, Hamachima Y, Hoshino T, Naganuma H. Sonographic findings of anomalous position of the gall bladder. Abdom Imaging 1998;23:67-72.