



## THE LONGEST GALLBLADDER WITH MUCOCELE FROM THE ARABIAN PENINSULA - A CASE REPORT

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### ABSTRACT

We report an interesting case of the longest gallbladder ever removed through laparoscopy for a gall stone disease from Arabian Peninsula. Gallbladder measured 20 cms in length with a single large stone about 3.5cm in size. This has been the longest gallbladder ever reported from the Arabian Peninsula to our knowledge in the medical literature. However, the longest gallbladder of 30 cm size, for a case of mucocele gallbladder removed by Rahul Yadav *et al.* from Rajasthan in India<sup>1</sup>. Most of the gallbladder anomalies detected intraoperatively and the operating surgeon always expected to look for anomalies of biliovascular system.

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### INTRODUCTION

Laparoscopic cholecystectomy is the gold standard treatment for gallstone disease and established globally. As per study of 500 subjects by Carbajo *et al.* congenital gallbladder malformations diagnosed in 1% of the surgical cases and often diagnosed intraoperatively (Rahul Yadav and Jeevan Kankaria, 2017). In our center, 136 laparoscopic cholecystectomy surgeries performed for gallstone disease in a 7- year period between 2011 and 2017. We present here a case of a long gallbladder with mucocele.

#### Case report

Our patient was a 35- yr old female, Sudan nationality presented with recurrent episodes of right hypochondrial pain associated with vomiting, diagnosed by ultrasound as a gall stone disease. Ultrasound showed gallstone disease with a stone of 3.5cm size impacted in the neck of the gallbladder.

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She underwent Laparoscopic cholecystectomy with 4-port standard technique.

#### The following peroperative findings noted

- Unusually long gallbladder, grossly distended, tense and with moderately thick walled.
- A large stone of 3.5cm impacted in the neck of the gallbladder.
- The shape of the gallbladder was pear shaped and no associated vascular or bile duct anomalies.

#### Steps of the procedure

The gallbladder distended and tense. We aspirated about 75 ml of thick mucus using a veress needle from the gallbladder and then dissection proceeded. In our case conventional fundus retraction not helpful as the gallbladder was unusually very long; hence body of the gallbladder first retracted cranially and outward by the lateral port grasper. Redundant Hartmann's pouch retracted laterally using the right midclavicular grasper. Cystic duct first technique followed. Calots triangle defined, cystic duct and cystic artery dissected, clipped individually and

cut. Gallbladder dissected free from the liver bed, placed in an endobag and extracted through the umbilical port. The gallbladder specimen measured with a stainless steel ruler showed length of 20 cm in the operation theater as shown in Figure 1.



Figure 1. Resected gallbladder specimen with stone

Postoperative period was uneventful. Biopsy showed features of chronic calculous cholecystitis.

## DISCUSSION

Rajaguru *et al.* has studied extensively the anatomical variations of the gallbladder and found the average length of gallbladder is 4.5 to 11.6 cm (Rajguru *et al.*, 2012). The resected gallbladder specimen in our case measured 20 cms in length and almost doubles the conventional size of the gallbladder. Mucocele of gallbladder occurs due to blockage of stone in the cystic duct and mucus starts collecting subsequently and causes huge distension of gallbladder. We completed the surgery successfully without additional ports.

## The following were the difficulties while handling an unusually lengthy gallbladder

- Multifolded body or Hartmans pouch which may be adherent or buried under the duodenum.
- Anomalous cystic artery, either abnormally placed or tortuous in its course.
- Cystic duct rotated or twisted before joining the common hepatic duct.

## Conclusion

We present this unique case, as the gallbladder was very lengthy of 20 cms and shared our experiences in managing such a laparoscopic cholecystectomy surgery. A careful, slow and meticulous dissection of calots triangle during laparoscopic cholecystectomy gives successful outcome.

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