

A Rare Case Of Left Sided Gall Bladder

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Abstract

A left lobe based Gallbladder is a rare occurrence of which not many cases have been documented in literature.

Most apparently left sided Gallbladders appear so due to a right sided Falciform ligament. True left sided Gallbladders, with gallbladder fossa in left lobe of Liver are uncommon.

In laparoscopic surgery it may cause difficulty for operating surgeon as Gallbladder is in an unusual location and it might also be associated with other anatomical abnormalities.

Here we present a case of a 60-year-old male patient who was operated for symptomatic cholelithiasis and a left lobe based gallbladder was detected intraoperatively.

Keywords — Left sided Gallbladder, Gallbladder, Cholelithiasis, Laparoscopic Cholecystectomy

INTRODUCTION

Congenital abnormalities of Gallbladder are common, however a left lobe based Gallbladder is an extremely rare occurrence of which not many cases have been documented in literature¹.

Most apparently left sided Gallbladders appear so because Falciform ligament is placed to the right². However true left sided Gallbladders, with gallbladder fossa in left lobe of Liver as in this case are rare.

In the current era of laparoscopic cholecystectomy as the gold standard treatment of cholelithiasis, a left sided Gallbladder can present a challenge to the operating surgeon who is not accustomed to this variation due to its rarity.

Here we present a case of a 60-year-old male patient who was operated for symptomatic cholelithiasis and a left lobe based gallbladder was detected intraoperatively.

CASE REPORT

A 60 years old patient presented with pain in left hypochondriac region and dyspepsia. Blood investigations including liver function tests were within normal limits.

Ultrasonography of abdomen revealed Gallbladder with multiple calculi, normal wall thickness and a normal Common Bile Duct. Patient underwent laparoscopic cholecystectomy with three – port technique.

On insertion of a 5/30 mm camera scope Gallbladder was not visualised under the right lobe of liver. On

further exploration it was found medial to the Falciform ligament, under the left lobe (Fig 1).

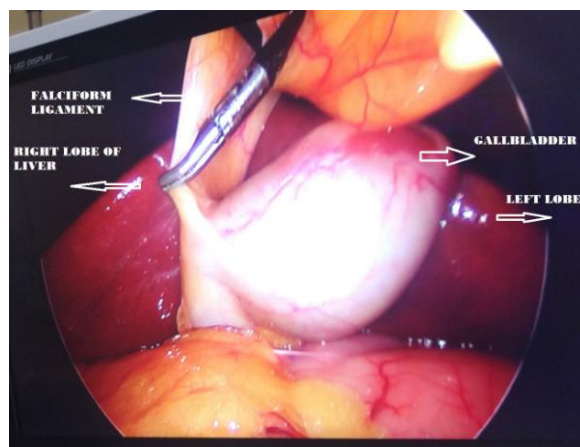


Fig 1 – Gallbladder to the left of Falciform Ligament

A fundus first retrograde approach was pursued and after freeing the fundus and body Gallbladder was retracted towards the right shoulder. Falciform ligament was divided for better access. Anatomy in Calot's triangle was normal, critical view of safety was achieved. Cystic duct and artery were isolated and doubly clipped with Ligaclips in usual fashion before dividing them. Gallbladder was dissected out and removed. Gallbladder fossa could be clearly visualised in left lobe of Liver medial to the Falciform ligament (Fig 2).

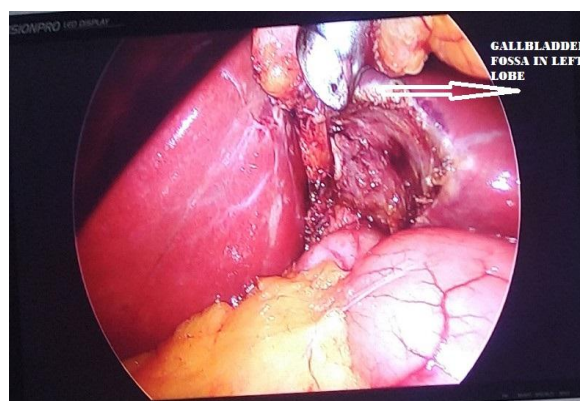


Fig 2 – After removal of Gallbladder, Gallbladder fossa in the left lobe of Liver

No drains were placed; no additional ports were required. Patient's recovery was uneventful and he was started on oral diet by evening and discharged on first post-operative day.

DISCUSSION

True left sided Gallbladders are rare occurrence. Most of the reported cases are from Japan and only one previous case has been reported from India to the best of our knowledge³.

A left sided Gallbladder may occur due to migration of Gallbladder during its development or it might be a secondary Gallbladder on the left with atrophy of primary one⁴.

It may not be always detected on routine radiological investigations.

In laparoscopic surgery it may cause difficulty to operating surgeon as it is in an unusual location⁵ and it might also be associated with other anatomical abnormalities like abnormal intrahepatic portal venous branching⁶.

In our opinion division of Falciform ligament and a Fundus first retrograde approach should be used in such cases as it would lead to better appreciation of anatomy and decrease chance of injury to vital structures.

CONCLUSION

As a left sided Gallbladder is a rare occurrence, surgeons should be careful if they encounter such a case. A different scheme or additional ports may be required and should be used without hesitancy if performing surgery with usual setup proves difficult. Further study of this rare anomaly would increase our understanding and may aid in standardising surgical techniques for operating these cases.

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