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REVIEW ARTICLE

INCIDENTAL FINDING OF ASYMPTOMATIC GALLSTONES IN EPIGASTRIC PORT, A CASE REPORT

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ABSTRACT

A rare case report of asymptomatic gallstones implantation, following laparoscopic cholecystectomy. In this case, a 10mm epigastric port was the culprit, from where the gallbladder is retrieved, patient was admitted as case of liver abscess. After right subcostal incision for drainage of liver abscess, incidental finding of gallstones in epigastric port was observed. Thus, it is not always necessary that port site implantation of gallstones will present with port site infection and meticulous gallbladder dissection and retrieval of gallbladder specimen in an endobag is recommended to prevent such rare complication.

INTRODUCTION

Laparoscopic cholecystectomy is gold standard treatment for cholelithiasis. Gallstone spillage is a common complication with a reported incidence varying from 6 to 30 percent.¹ The stones may spill either during gallbladder dissection or its retrieval through one of the ports.² More recently as a consequence of spilled stones sepsis, adhesions and fistulae into abdominal organs or port tracts have been described.^{3,4, 5,6,7} We are reporting a case of implanted gallstones at epigastric port site which was admitted for drainage of liver abscess, following subcostal incision for drainage of liver abscess.

CASE REPORT

A 45year old male with no medical comorbidities underwent laproscopic cholecystectomy on January 2019 for symptomatic cholelithiasis. The surgery was uneventful and patient was discharged. A 45 year old male with no medical comorbidities underwent laproscopic cholecystectomy on January 2019 for symptomatic cholelithiasis. The surgery was uneventful and patient was discharged after 24 hours, gallbladder was extracted from epigastric port without the use of any endobag. Patient reported to casualty with chief complaints of fever and pain in right upper abdomen in June 2022, baseline investigations were done including CBC, KFT, LFT X ray chest USG abdomen pelvis, showed post cholecystectomy status with hypoechoic shadow involving right lobe of liver, size of about 5*6*4.

After doing all baseline investigations along with CECT abdomen pelvis which showed presence of hypoenhancing lesion involving segment 5 and 6. After discussing with radiologist they made an impression of either infected hydatid or liver abscess, ELISA for hydatid was negative. Patient didn't respond to conservative management finally it was decided to go for open drainage. During open drainage while making subcostal incision extending medially upto the epigastric port we found three implanted stones as shown below

DISCUSSION

One complication related to LC is the intra-abdominal spillage of bile and gallstones which has been reported to occur in up to one-third of cases.^{8,9} Spillage of gallstones generally occurs due to traumatic graspers, during dissection of the gallbladder from the gallbladder fossa with electrocautery, or during the vigorous extraction of the gallbladder through the umbilical port. Port site stitch infection, subcutaneous or superficial abscess, dehiscence and hernia are documented postoperative complications of laparoscopic cholecystectomy.³ Retrieval of stones is difficult during laparoscopic cholecystectomy and hence recently complications in port sites or in the abdominal cavity are frequently reported.²



Fig. 1. Showing a stone at medial end of incision



Fig. 2. Showing magnified view

This is an unusual complication and it defies any logical explanation. We presume that since the gallbladder was removed without an endobag resulting in sticking a few stones in the grasper jaws which was passed through epigastric 10mm port and resulted in these three implanted stones. This complication could have been avoided had an endobag been used to safely remove the gallbladder.

We therefore recommend use of retrieval bags (endobags or surgical gloves) to retrieve the gallbladders. In addition, implanted port site gallstones may be asymptomatic for years and persistent sinuses not responding to antibiotics should be investigated with ultrasound, fistulogram or CT scan.¹

Conclusions

A high sensitivity to port site stones would help radiological investigations pick up this complication.

Authors' Contribution

ASA: concept and design, literature search and preparation of manuscript.

FGS: concept and design, literature search and preparation of manuscript.

Conflict of Interests: The authors declare that there are no conflicts of interests.

Ethical Considerations: Patients consent for publication of this case report was obtained. None declared.

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