LETTERS TO THE EDITOR
EDİTÖRE MEKTUP
Torsion of the gallbladder

Safra kesesi torsiyonu: Olgu sunumu

To the Editor

Gallbladder torsion is a rare abdominal surgical emergency and was first reported by Wendel in 1898 (1). Since then, more than 400 cases have been reported in the literature (2). Our purpose is to stress the highlights of this subject by presenting a patient diagnosed as having gallbladder torsion.

The patient was 70 years old, female, with sudden onset abdominal pain of right upper quadrant, noise-vomiting before her admission. She had moderate peritoneal irritation signs and our initial diagnosis was acute cholecystitis. Leukocytosis was prominent in laboratory tests. Abdominal ultrasonography showed hydropic gallbladder and multiple stones in gallbladder. Emergency laparotomy was performed. Gallbladder was torsioned and necrosis was remarkable (Figure 1). There were also multiple stones in the removed gallbladder. Cholecystectomy was performed and the patient was discharged on the 4th postoperative day.

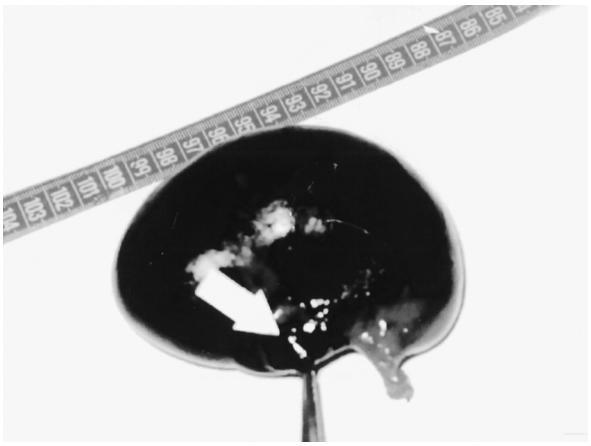

Figure 1. Torsion of the gallbladder with gangrene

Torsion of the gallbladder is one of the rare pathologies of the biliary system. Its overall incidence is very low; less than 50 cases have been reported in the literature within the last 30 years. Gallbladder torsion is mostly seen in women in their fifth decade (2). Two main variations have been described: either the gallbladder has its own mesentery, or the cystic duct and the vessels are suspended in a mesentery while the remaining part of the gallbladder hangs freely in the peritoneal cavity. Other factors of importance are loss of elastic tissue and visceroptosis in the elderly, kyphosis, and arteriosclerosis of the cystic artery. Gallstones are reported in 25-50% of the cases (2, 3).

The ultrasonographic image is difficult to distinguish from hydrops of the gallbladder or acute cholecystitis. Patients usually come to surgery on suspicion of acute cholecystitis (3, 4).

The gallbladder torsion may be complete (360°), resulting in gangrenous cholecystitis, or incomplete (180°), resulting in intermittent symptoms of biliary colic (5). Gallbladder volvulus leads to occlusive obstruction of biliary and blood flow (7). The direction of torsion may be clockwise or counterclockwise, and both directions are found with equal frequency (5).

Treatment of gallbladder torsion is surgical. Early diagnosis prevents perforation of a gangrenous gallbladder and reduces surgical mortality to 5% (2). Amarillo et al. (7) described that laparoscopic approach allows a definitive diagnosis and treatment and also offers a favorable and rapid postoperative recovery.

Finally, although torsion of the gallbladder is a

Address for correspondence: Kemal ATAHAN
1st Surgical Department, İzmir Atatürk Training and Research Hospital, İzmir, Turkey
Phone: +90 232 244 44 44/2242 • Fax: +90 232 243 56 24
E-mail: kemal@vanwinkle.org

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rare situation, it should be remembered during the differential diagnosis of acute onset right upper quadrant abdominal pain and surgical abdominal emergencies.

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Kemal ATAHAN, Serhat GÜR, Ercüment TARCAN, Atilla ÇÖKMEZ, Evren DURAK

Department of 1st Surgical, İzmir Atatürk Training and Research Hospital, İzmir