

Duplication of the gall bladder

T Geoghegan, D Tuite, P Neary, D O'Riordan, WC Torreggiani



Figure 1. Gray scale ultrasound shows two gall bladders. Gall-stones were present in each respective gall bladder lumen. This was initially interpreted as a septated gall bladder containing gall stones.

A 62-year-old woman was admitted to the intensive care unit of a university teaching hospital for the management of acute pancreatitis secondary to gall-stone disease. An ultrasound performed at the time of admission was interpreted as a septated gall bladder containing gall stones (*Figure 1*). The pancreatitis

was complicated by renal failure, sepsis and pancreatic pseudocyst formation. Seven months following initial presentation, the patient underwent an open cholecystectomy. Extensive adhesions were noted in the gall bladder bed at the time of surgery. The patient made an uncomplicated postoperative recovery.

Dr T Geoghegan is Specialist Registrar, **Dr D Tuite** is Specialist Registrar and **Dr WC Torreggiani** is Consultant Radiologist in the Department of Radiology, **Mr P Neary** is Specialist Registrar and **Mr D O'Riordan** is Consultant Surgeon in the Department of Surgery, The Adelaide and Meath Hospital, Tallaght, Dublin 24, Ireland

Correspondence to: Dr WC Torreggiani

Six months later, the patient presented to her GP with an 8-day history of biliary colic. An ultrasound was performed which demonstrated the presence of a gall bladder containing multiple gall bladder calculi. An oral cholecystogram was performed using biliopitin tablets, which again demonstrated the presence of small filling defects within the lumen of an opacified gall bladder lumen.

Magnetic resonance cholangiopancreatography was performed which showed three sub-centimetre gall-stones in the gall bladder lumen. No common bile duct stones were identified and the common bile duct appeared of normal calibre. The pancreatic duct appeared normal. No evidence of acute cholecystitis or pancreatitis was evident. The patient subsequently underwent a repeat open cholecystectomy. Dense omental adhesions were noted at the site of the previous cholecystectomy. A second cystic duct was identified 1.5 cm distal to the first cystic duct. The patient made an uncomplicated recovery. **HM**