

The “Lost” Gall Stone

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Description

A 54 year male with acute calculous cholecystitis underwent emergency laparoscopic cholecystectomy. During surgery there was spillage of bile and stones in the peritoneum because of inadvertent opening of gall bladder. All visible stones were retrieved and his recovery was uneventful. Two months after surgery he complained of pain in the right iliac fossa with low grade fever and malaise. Examination revealed tenderness and palpable tender vague lump in the right iliac fossa. His hematological workup had leucocytosis. Liver and renal function test were within normal limits. An abdominal Contrast Enhanced Computerized Tomography (CECT) scan was done which showed a centrally placed peripherally calcified lesion with inflamed omentum and fluid around it (Figure 1). A diagnosis of spilled stone was made. Laparoscopic extraction of the stone was done and patient recovered uneventfully. Six month follow after laparoscopic extraction of stone, patient was asymptomatic.

Lost stone is an uncommon complication after cholecystectomy and presents in an early or delayed manner. The spectrum of complications associated with lost gallstones includes wound infection, small bowel obstruction, abscesses and fistulae. Fistulas can be bilio-cutaneous, colo-cutaneous and bilio-enteric [1].

Learning Points

1. Infected collection with calcified lesion in it is most commonly due to retained or lost gallstones during previous surgery should be suspected in patients presenting late as abdominal sepsis after cholecystectomy.
2. CECT is the investigation of choice, where we get a global picture of the extent and relation to surrounding viscera.
3. These lost gallstones and its complications can be managed with re-laparoscopy.