



SURGICAL IMAGE

Acute Cholecystitis as an Unusual Cause of Abdominal Wall Abscess

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It is about a 68-year-old woman who presented to the emergency department with a painful inflammatory swelling in the right upper abdomen and the epigastrium since 6 days. She had a medical history of obesity and type 2 diabetes. She had no surgical history. At physical examination, there is no fever with tenderness in the right upper quadrant of the abdomen. She presented a lump in the right upper abdomen and the epigastrium measured 5 × 6 cm which is red and painful. Laboratory data showed white blood cells at 14000/mm³, C-reactive protein at 160 mg/l. The computed tomography of the abdomen revealed (Figure 1) a large peripherally enhancing fluid-filled collection within the subcutaneous tissue of the right upper anterior abdominal wall, measuring 5 × 6 cm. The collection extended into the abdominal cavity, with a contiguous collection adjacent

the region of the gallbladder fossa. The gallbladder was distended with thickened wall. Cholecystectomy with abscess drainage was performed. The postoperative course was uneventful.

This is an unusual case. It is exceptional for cholecystitis contents to drain from an anterior abdominal wall abscess [1]. Such complication may result from eventual perforation of the gallbladder [2]. This complication is generally observed in chronic cholecystitis.

References

1. Misiakos E, Tzepi I, Brontzos I, Zavras N, Charalampopoulos A, et al. (2014) Gallbladder perforation causing a subcutaneous abscess. *Int J Surg Case Rep* 5: 1088-1090.
2. Grass F, Fournier I, Bettschart V (2015) Abdominal wall abscess after cholecystectomy. *BMC Res Notes* 8: 334.

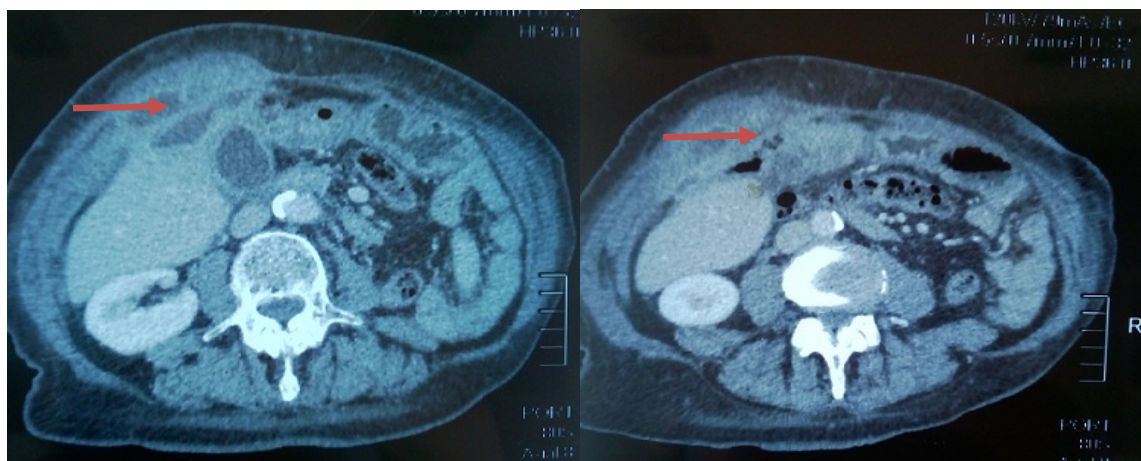


Figure 1: Computed tomography of the abdomen showing collection in the subcutaneous tissue of the anterior abdominal wall extending into the abdominal cavity (red arrow).