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Aberrant subvesical bile ducts identified during laparoscopic cholecystectomy: A rare case report and review of the literature



Theodoros Mariolis-Sapsakos^{a,b}, Maria Zarokosta^{a,b,*}, Menelaos Zoulamoglou^a, Theodoros Piperos^{a,b}, Ioannis Papapanagiotou^a, Markos Sgantzos^c, Konstantinos Birbas^a, Ioannis Kaklamanos^a

^a University Department of Surgery, General and Oncologic Hospital of Kifissia "Agii Anargiri", Athens, Greece

^b Anatomy and Histology Laboratory, Nursing School, University of Athens, Greece

^c Department of Anatomy, Medical School, University of Thessaly, Larisa, Greece

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ABSTRACT

INTRODUCTION: Aberrant subvesical bile ducts are a scarce anatomical variation, consisted by a network of bile ducts located in the peri-hepatic capsule of the gallbladder fossa. These rare ducts are usually discovered intraoperatively and their presence poses the risk of bile injury and clinically significant bile leak.

PRESENTATION OF CASE: Aberrant subvesical bile ducts were unexpectedly identified in a young woman during laparoscopic cholecystectomy. These three ducts were clipped carefully for avoidance of bile duct injury and subsequent bile leak. The operation was uneventful. A meticulous review of the recent literature was conducted as well.

DISCUSSION: This unusual anatomical variation of the biliary tract is mainly discovered during the operation. Thus, surgical injury of these ducts is nearly inevitable and it provokes the severe complication of bile leak. Bile injury represents the most crucial and life-threatening postoperative complication of cholecystectomies. Surgeons in the right upper quadrant of the abdomen should be constantly aware of this rare anatomical variation.

CONCLUSION: Aberrant subvesical bile ducts are associated with a high risk of surgical bile duct injury. Nevertheless, meticulous operative technique combined with surgeons' perpetual awareness concerning this peculiar anatomical aberration leads to a safe laparoscopic cholecystectomy.

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1. Introduction

Aberrant subvesical bile ducts are a peculiar anatomical variation, defined as a network of bile ducts located in the peri-hepatic connective tissue of the gallbladder fossa [1]. These scarce bile ducts when encountered intraoperatively worth of surgeons' attention [2] since their injury is nearly inevitable and it poses the risk of bile leak [3]. This manuscript has been reported in line with the SCARE guidelines [4].

2. Case report

A 35-year-old female presented with a 2-month history of colicky abdominal pain in the right upper quadrant which progressively become worse. Her vital signs were normal. Clinical examination was unremarkable without positive Murphy's sign, tenderness, palpable masses or jaundice. No previous surgical history existed. Blood tests including ALT, AST and bilirubin were all normal. An abdominal ultrasound scan revealed multiple gallstones within the patient's gallbladder. Following this, laparoscopic cholecystectomy was scheduled. At the laparoscopy, when the surgeons attained to dissect the gallbladder off the liver, they exposed carefully the operative field and they unexpectedly identified three aberrant subvesical bile ducts originating from the right lobe of the liver and draining in the gallbladder. (Fig. 1–3) All these three aberrant bile ducts were immediately clipped meticulously so that bile leakage could be evitable and postoperative complications could be avoided. The laparoscopic cholecystectomy continued in the usual fashion. A drainage was placed beneath the liver, which was removed the 3d postoperative day. The patient was discharged the

* Corresponding author at: Anatomy and Histology Laboratory, Nursing School, National and Kapodistrian University of Athens, Papadiamantopoulou 123, Goudi, Athens 15773, Greece.

E-mail addresses: mzarokos@nurs.uoa.gr, mzarokosta@gmail.com (M. Zarokosta).



Fig. 1. a) first aberrant subvesical bile duct, b) second aberrant subvesical bile duct, 1: right lobe of the liver, 2: left lobe, 3: posterior surface of the gallbladder.

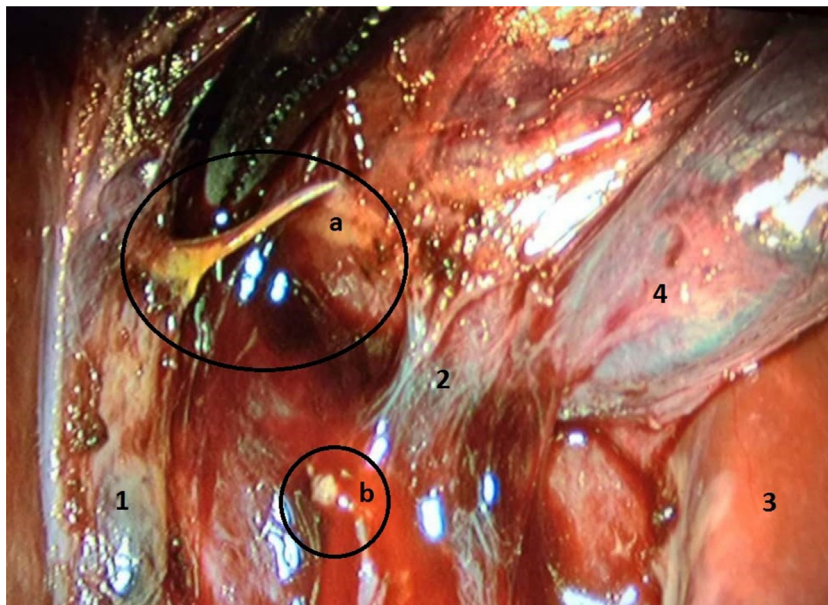


Fig. 2. a) first aberrant subvesical bile duct, b) second aberrant subvesical bile duct, 1: right lobe of the liver, 2: aberrant communication of the gallbladder and the liver, 3: left lobe of the liver, 4: gallbladder.

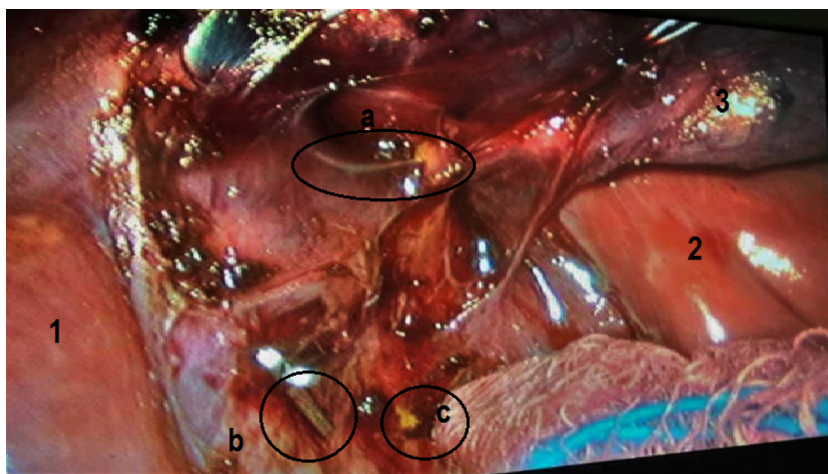


Fig. 3. Detailed exposure of the operative field. a) first aberrant subvesical bile duct, b) clipped aberrant bile duct, c) third bile duct. 1: right lobe of the liver, 2: left lobe, 3: gallbladder.

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