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Radiological emphysematous acute cholecystitis

Colecistitis aguda enfisematosa

Belén Conde Inarejos, Alfonso Serrano García, José Antonio González Masiá, Antonio Serafín Valero Liñán*

Servicio Cirugía General y del Aparato Digestivo, Complejo Hospitalario Universitario de Albacete, Albacete, Spain

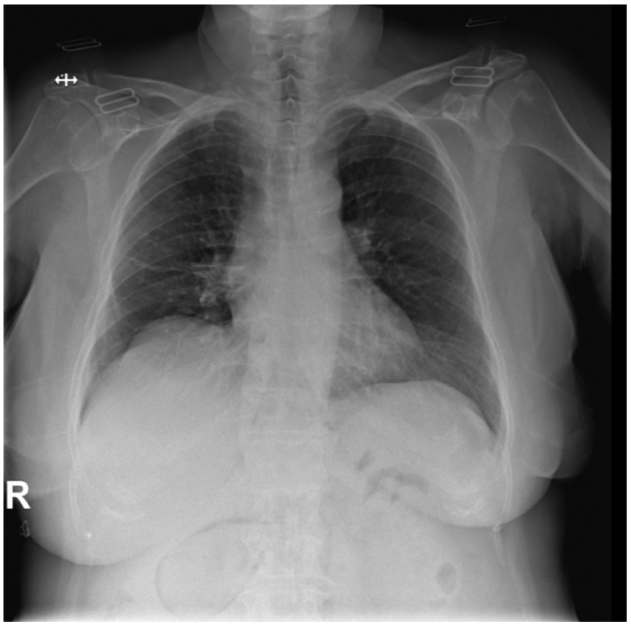

Figure 1

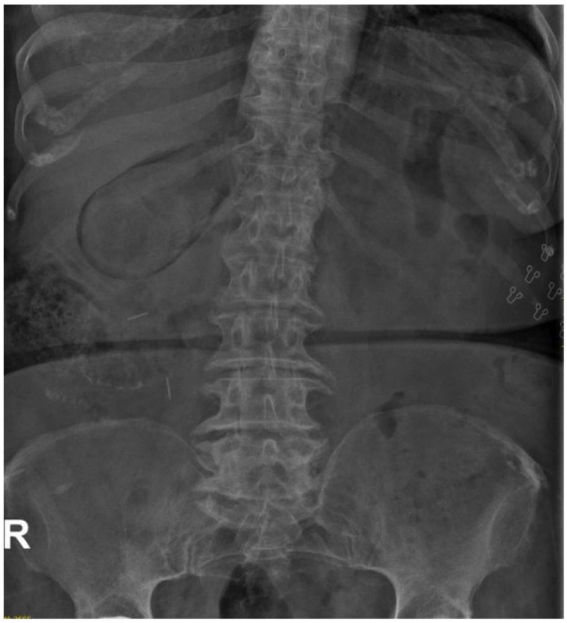

Figure 2

The patient is a 69-year-old female with a history of HTN, T2DM treated with insulin, right colon cancer (stage IIA), right hemicolectomy (supra/infraumbilical midline laparotomy) and adjuvant chemotherapy (2001). She came to the Emergency Department due to intense abdominal pain in the right hypochondrium and fever (38.6 °C). Physical examination showed: poor general condition, BP 85/50 mmHg and positive Murphy sign. Lab work-up: procalcitonin 9.15, CRP 476.7, leukocytes 28,290 (N 23,990). Chest (Fig. 1) and abdominal (Fig. 2) Rx revealed: distended gallbladder and surrounding gas, suggestive of acute emphysematous cholecystitis. Due to the symptoms of abdominal sepsis, we performed urgent laparoscopic cholecystectomy, finding acute emphysematous cholecystitis and gangrenous areas.

Conflicts of interests

None.

* *Corresponding author.*
E-mail address: bciconde@gmail.com (B. Conde Inarejos).

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