



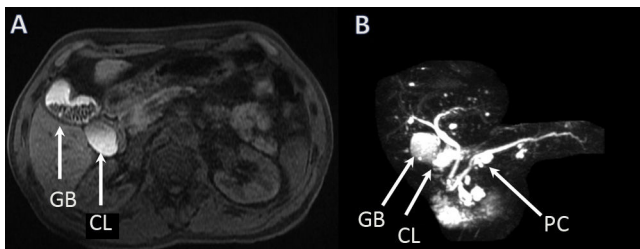
## IMAGE OF THE MONTH

## Septated gallbladder

## Vesícula biliar septada

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A 68-year-old male came in to Accident and Emergency with heartburn, low-grade fever and abdominal pain. He reported frequent episodes of upper right quadrant pain. Lab tests showed no significant abnormalities. A CT scan was performed, showing a multiloculated cystic lesion of the pancreas in the uncinata process, a 5-mm main pancreatic duct, cholelithiasis and a biliary cystic lesion. CEA and CA19-9 were requested, which were normal. MRI-cholangiogram showed a gallbladder (GB) with multiple stones, a 3.6-cm cystic lesion adjacent to the GB, and pancreatic lesions compatible with intraductal papillary mucinous neoplasm (Fig. 1A and B). With the diagnosis of symptomatic cholelithiasis and GB cystic lesion, laparoscopy revealed a bi-lobed



**Figure 1** A) MRI: cystic lesion attached to the GB with lithiasis inside. B) MRI-cholangiogram. CL: biliary cystic lesion; GB: gallbladder; PC: pancreatic cystic lesions compatible with intraductal papillary mucinous neoplasm.

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**Figure 2** Surgical specimen. A) Gallbladder, showing it to be bi-lobed (arrow). B) Gallbladder after staining for pathology study, where the intravesicular septum can be seen.

GB with a cystic duct, and a laparoscopic cholecystectomy was performed. Histological study reported: GB of  $10 \times 4 \times 3.5$  cm, with a fibrous septum at the neck creating two compartments (septate GB) (Fig. 2A and B).

Septate GB with a single septum or multiple septa is a very rare anomaly.<sup>1-3</sup> Its prevalence is much higher in females. The most accepted theory in terms of aetiology is incomplete cavitation of the GB. Two thirds of patients have symptoms, with upper right quadrant pain being the most common<sup>1-3</sup>. Preoperative diagnosis

is complex. Differential diagnosis should be made with desquamated GB mucosa, cholesterolosis, hydatid cyst and congenital/acquired intramural diverticulosis. A cholecystectomy should be performed on adult patients with biliary symptoms<sup>1-3</sup>.

## References

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3. Causey MW, Miller S, Fernelius CA, Burgess JR, Brown TA, Newton C. Gallbladder duplication: evaluation, treatment, and classification. *J Pediatr Surg.* 2010;45(2):443-6, <http://dx.doi.org/10.1016/j.jpedsurg.2009.12.015>.