

## CIRUGÍA ESPAÑOLA

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## Image of the month

## Costal Deformity With Hepatic Compression as Unusual Abdominal Pain<sup>☆</sup>



## Malformación costal con impronta hepática como causa inusual de dolor abdominal

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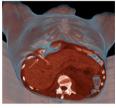




Fig. 1



Fig. 2

The patient is a 41-year-old woman with no relevant history who was referred for cholelithiasis and nonspecific abdominal pain. A computed tomography scan revealed a single, dysmorphic type 2 right rib malformation (Fig. 1a and b).

After evaluation by the thoracic surgery unit, it was decided that rib resection would be considered necessary if the abdominal pain persisted after cholecystectomy.

During laparoscopic cholecystectomy, we observed this malformation, which made a significant impression on the liver (Fig. 2). Six months after the procedure, and due to the persistence of pain, the patient was again evaluated, and we decided to proceed with surgical rib resection.

This finding represents 3% of thoracic malformations. In most cases, the affected costal arches are the 8th to the 10th, where cartilage the does not come into contact with the sternum and forms a syndesmosis with the 7th rib.

The nonspecific abdominal pain is caused by nerve compression or hepatic subcapsular fibrosis secondary to parenchymal compression. Surgery is indicated for symptomatic patients or for cosmetic reasons.

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