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## **Clinical Image**

## Torsion of the Gallbladder

Akira Baba<sup>1\*</sup>, Yumi Okuyama<sup>1</sup>, Shogo Kaida<sup>2</sup> and Junichi Matsui<sup>3</sup>

<sup>1</sup>Department of Radiology, Tokyo Dental College Ichikawa General Hospital, Chiba, Japan <sup>2</sup>Department of Gastroenterology, Tokyo Dental College Ichikawa General Hospital, Chiba, Japan <sup>3</sup>Department of Surgery, Tokyo Dental College Ichikawa General Hospital, Chiba, Japan

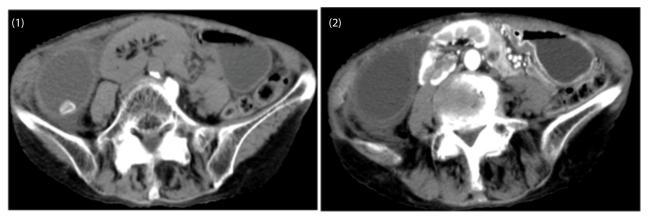


Figure 1: Non-enhanced CT revealed a massively swollen gallbladder with high dense.

Figure 2: Transverse contrast enhanced CT demonstrated poorly-enhanced edematous gallbladder wall thickening

## Keywords: Gallbladder torsion; Computed tomography

An otherwise-healthy 82-year-old woman presented to the emergency department with abdominal pain gradually migrating to the right and vomiting. Her body temperature was  $37.2^{\circ}$ C, abdominal examination showed tenderness in the right lower abdomen, and her WBC was  $8,400/\mu$ L no plasma levels of enzymes were elevated. She was thin (body mass index  $20.4 \text{ kg/m}^2$ ) with scoliosis. Non-enhanced Computed Tomography (CT) revealed a massively swollen gallbladder with high dense (Figure 1) and contrast enhanced CT demonstrated poorly-enhanced edematous wall thickening (Figure 2), with twisted pedicle detached from the liver, suggesting gallbladder torsion. Emergent cholecystectomy was performed, revealing a  $270^{\circ}$  counterclockwise torsion of the gallbladder. Gallbladder torsion is more prevalent in thin elderly females with spinal deformation [1]. Characteristic contrast enhanced CT findings are poorly-enhanced and thickened gallbladder wall, pericholecystic fluid, and twisted pedicle (whirl sign) [2]. Contrast enhanced CT can help establish the preoperative diagnosis of gallbladder torsion in cases involving elderly females complaining abdominal pain.

## References

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<sup>\*</sup>Corresponding author: Akira Baba, Department of Radiology, Tokyo Dental College Ichikawa General Hospital, Chiba, Japan; Tel: 81-47-322-0151; Fax: 81-47-325-4456; E-mail: akirababa@jikei.ac.jp