

Feasibility of using laparoscopic exploration for the management of residual gall bladder mucosa after cholecystectomy

Ayman Kamal , Karim Mostafa , Tarik A. A. Hassan

General Surgery Department , Faculty of Medicine , Helwan University , Egypt

Introduction

Some post cholecystectomy patients experience recurrent symptoms postoperatively.

Residual gallbladder mucosa left after cholecystectomy may develop recurrent lithiasis and become symptomatic, which mandates surgical exploration and removal.

Well examination and investigations are a must for confirming the diagnosis.

Methods

A prospective study included patients with recurrent symptoms after cholecystectomy and elevated liver enzymes and alkaline phosphatase and was confirmed by MRCP during a period of 24 months.

Results

- 34 patients were included.
- Female to male ratio was 7.5:1.
- Ultrasonography was only positive in 5 patients showing residual part of gall bladder.
- Imaging with MRCP revealed elongated cystic duct in 65% and sessile gall bladder in 35%.
- All underwent laparoscopic exploration and completion cholecystectomy.
- Median hospital stay was 1 day.
- There was no mortality.
- Post cholecystectomy syndrome has a higher incidence after open cholecystectomy when compared to laparoscopic cholecystectomy.

Conclusions

- Recurrent symptoms after cholecystectomy should raise the suspicion of residual gall bladder.
- Clinical evaluation along with laboratory investigations can strengthen the suspicion.
- MRCP evaluation is a useful investigation for confirming the diagnosis and laparoscopic management is feasible despite being technically not easy.