

Letter to the Editor-Editöre mektup

Multiseptate gallbladder as a cause of recurrent abdominal pain in a child

Çocuk hastada tekrarlayan karın ağrısının nedeni olarak multiseptalı safra kesesi

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Dear Editor,

The congenital malformations of the gallbladder are classified as anomalous forms, abnormal position, and absence. Multiseptate gallbladder is a quite rare condition, which was first described by Simon and Tandon in 1963 [1-3].

A 10-year-old female was admitted to the hospital with recurrent attacks of abdominal pain for about one year duration. There was no history of sickle cell disease or any other blood disorders. Physical examination revealed a healthy young girl with no other abnormalities. Laboratory tests showed leucocytosis and a slight increase in transaminases and total bilirubin. Other laboratory tests were normal. Abdominal ultrasound revealed a multiseptate gallbladder with normal wall thickness, which resulting in a multi-compartment feature (Figure 1). No calculi were present. There were no gallstones or dilatation of the intrahepatic and extrahepatic bile ducts. On the basis of ultrasound study, a diagnosis of multiseptate gallbladder was made. The patient was treated conservatively. After the first week of treatment, she had complete relief of abdominal pain and her laboratory test results returned to normal. Follow-up sonography was performed and no change was found in the sonographic signs.

Multiseptate gallbladder is a quite rare condition, which commonly causes symptoms suggestive of cholecystitis. Most patients are female adults though it can occur in children and men. Previously reported multiseptate gallbladder cases have been characterised by the presence of multiple thin septa dividing the gallbladder lumen into various sized chambers, often with a honeycomb appearance. Recurrent abdominal pain in childhood due to gallbladder disease is often misinterpreted as intestinal and genitourinary pathologies. Cholelithiasis and cholecystitis are very rare before puberty. If it is present, it is mostly related to bacterial and parasitic infections, hemolytic conditions and chronic gastrointestinal diseases [3-6].

The mechanism of pain in these patients is not well known. The symptoms are probably due to increased intraluminal pressure of the gallbladder and the mechanical effect of septa impairing normal bile flow. Biliary calculi are usually absent in multiseptate gallbladder while choledochal cysts have been associated [1, 2, 4, 5].

In conclusion, gallbladder abnormalities, although rare should always be considered in the differential diagnosis of children presenting with recurrent attacks of abdominal pain, and abdominal ultrasound should form part of their investigations.

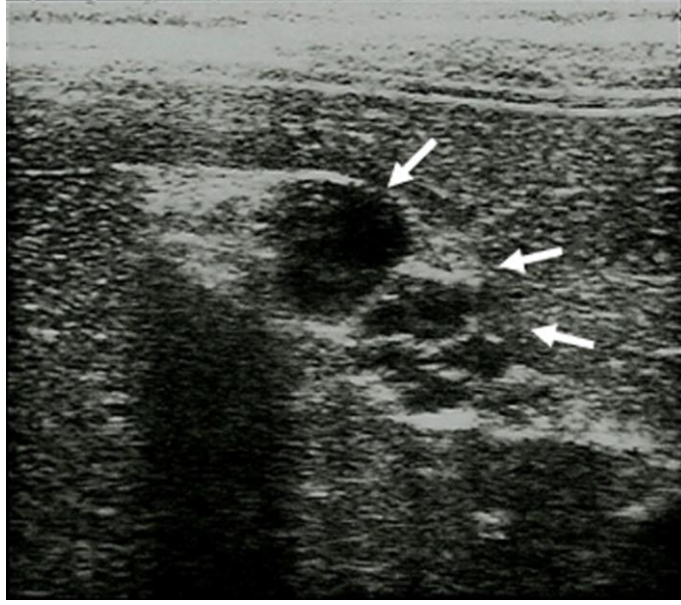


Figure 1. Right subcostal axial ultrasound scan shows multiple septations in the gallbladder lumen (white arrows).

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