



Gallbladder Masking Haemangioma At The Gall Bladder Fossa

¹Samia Mohan,²Akshat Sudhanshu,³Sunidhi Badyal,⁴Arjit Kapoor,⁵Kuldeep Singh Mehta,

¹Assistant Professor, ²Mch. Paediatric Surgery, ^{3,4}Postgraduate student, ⁵Professor and HOD,

Department:General Surgery.

Acharya Shri Chander College Of Medical Sciences And Hospital, Jammu

***Corresponding Author:**

Samia Mohan

Assistant Professor, Department:General Surgery. Acharya Shri Chander College Of Medical Sciences
And Hospital, Jammu

Type of Publication: Original Research Paper

Conflicts of Interest: Nil

Abstract

Introduction:

Cavernous hemangioma is a congenital venous malformation that occurs in various organs, mostly the liver and skin(1).

Haemangiomas in the liver,account for the most common benign tumours in that location.

However, gall bladder haemangiomas are rare.

Haemangiomas are generally asymptomatic and discovered incidentally on imaging.

Observation:

We present a rare case of such a haemangioma present on the posterior surface of gall bladder at the gallbladder fossa region in a 45 year old female,who had been undertaken for elective Laproscopic cholecystectomy.

Conclusion:

Haemangiomas are generally discovered on imaging, usually detected by ultrasonography and CTscan.

In this case,however it was discovered intraoperatively and lead to bleeding which was controlled However there were no postoperative complications and patient recovered uneventfully.

Keywords: Cavernous hemangiomaGallbladderGallbladder tumor

Introduction

Case Report:

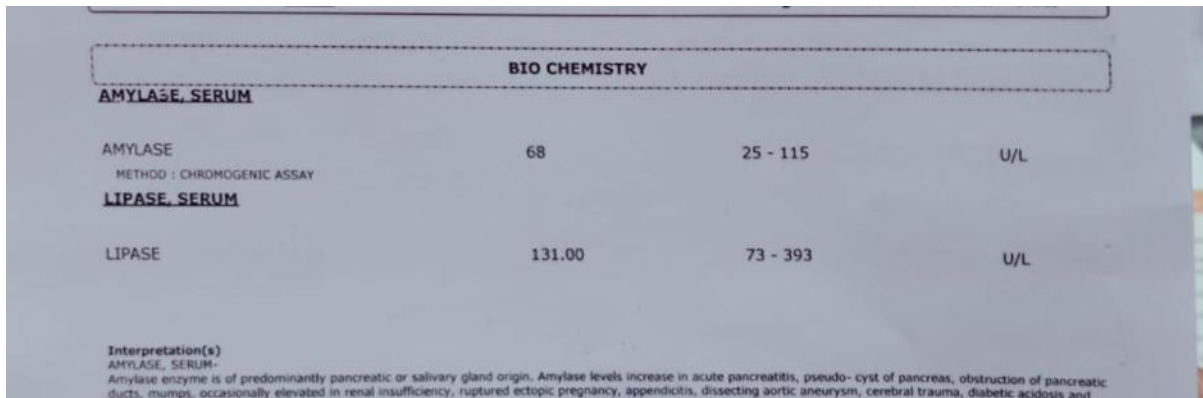
The female ,45 years old,not known case of any chronic disease,with blood group of B-ve,had had many attacks of gall stone colics and was admitted for elective cholecystectomy.

Blood Investigations:

Test Report Status	Final	Results	Biological Reference Interval	Units
		10.2	Low 12.0 - 15.0	g/dL
		3.55	Low 3.8 - 4.8	mil/ μ L
		9.30	4.0 - 10.0	thou/ μ L
		410	150 - 410	thou/ μ L
RBC AND PLATELET INDICES				
		33.3	Low 36 - 46	%
		94.0	83 - 101	fL
		28.6	27.0 - 32.0	pg
		30.6	Low 31.5 - 34.5	g/dL
		26.5		
		16.0	High 11.6 - 14.0	%
		9.5	6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT - NLR				
		71	40 - 80	%
		6.60	2.0 - 7.0	thou/ μ L
		21	20 - 40	%
		1.95	1.0 - 3.0	thou/ μ L
		3.4		
		1	1 - 6	%
		0.09	0.02 - 0.50	thou/ μ L
		7	2 - 10	%
		0.65	0.2 - 1.0	thou/ μ L
		0	0 - 2	%
		0.00	Low 0.02 - 0.10	thou/ μ L
DIFFERENTIAL COUNT PERFORMED ON:		AUTOMATED ANALYZER		

Test Report Status	Final	Results	Biological Reference Interval	Units
LIVER & KIDNEY PROFILE				
ASPARTATE AMINOTRANSFERASE, SERUM				
		247	High 15 - 37	U/L
METHOD : PYRIDOXAL 5 PHOSPHATE				
ALANINE AMINOTRANSFERASE, SERUM				
		152	High < 34.0	U/L
METHOD : ALANINE PYRIDOXAL 5 PHOSPHATE				
ALKALINE PHOSPHATASE, SERUM				
		159	High 30 - 120	U/L
METHOD : PNPP - AMP BUFFER				
BILIRUBIN (TOTAL, DIRECT, INDIRECT), SERUM				
		0.70	0.2 - 1.0	mg/dL
METHOD : DIAZO WITH SULPHANILIC ACID				
		0.20	0.0 - 0.2	mg/dL
METHOD : DIAZO WITH SULPHANILIC ACID				
		0.50	0.1 - 1.0	mg/dL
GAMMA GLUTAMYL TRANSFERASE, SERUM				
		87	High 5 - 55	U/L
METHOD : GCNA				
LACTATE DEHYDROGENASE, SERUM				
		323	High 100 - 190	U/L
ALBUMIN+GLOBULIN+A/G RATIO, SERUM				
		3.5	3.4 - 5.0	g/dL
		3.8	2.0 - 4.1	g/dL
		0.9	Low 1.0 - 2.1	RATIO
TOTAL PROTEIN, SERUM				
		7.3	6.4 - 8.2	g/dL
METHOD : BIURET				
SERUM BLOOD UREA NITROGEN				
		8	6 - 20	mg/dL
METHOD : GLDH / UREASE				
CREATININE, SERUM				
		0.58	Low 0.60 - 1.10	mg/dL
METHOD : JAFFE KINETIC METHOD				

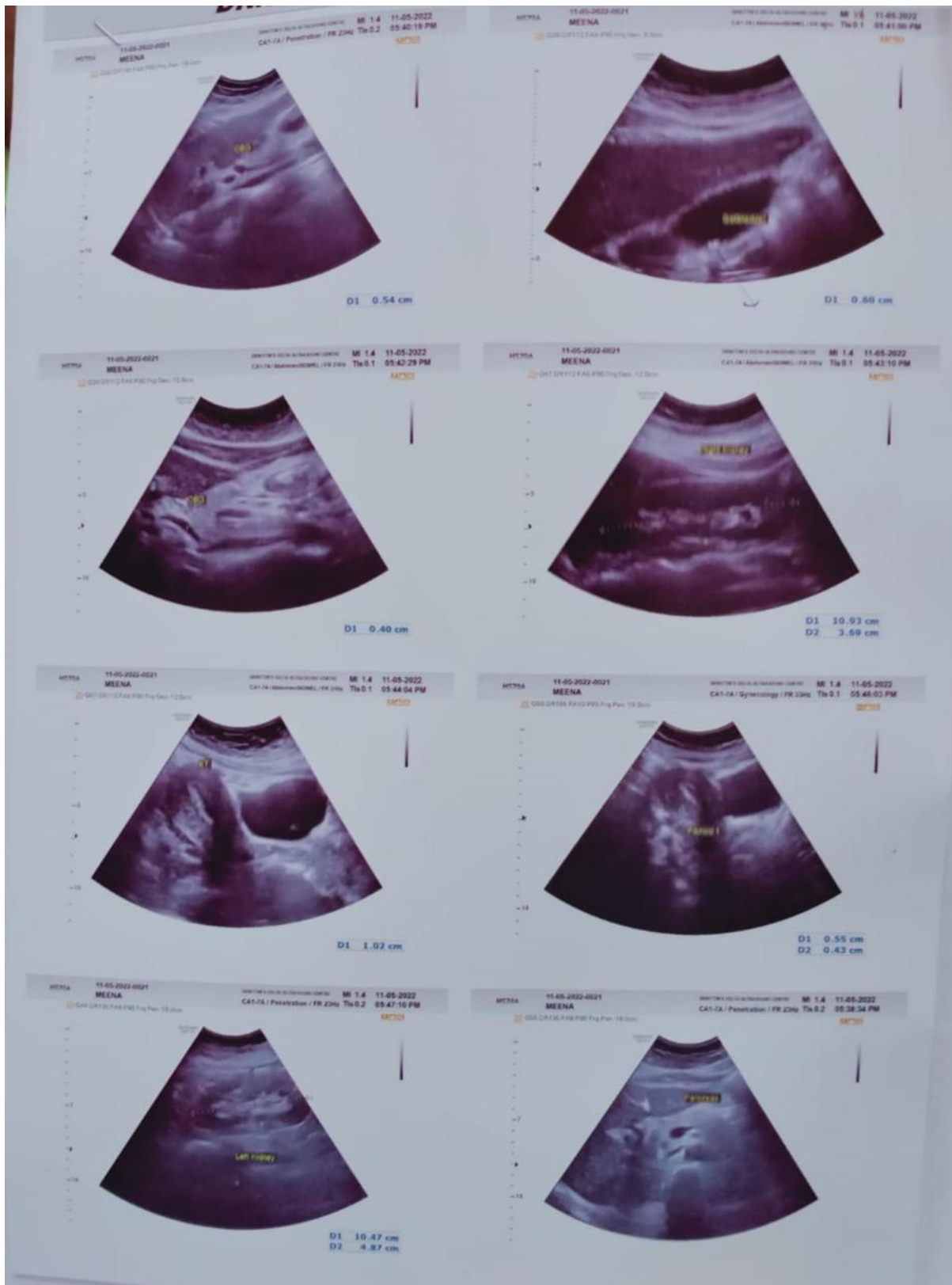
Ultrasonography preoperatively was done which showed single calculus with normal wall thickness of gall bladder.



The image shows a biochemistry report with the following data:

BIO CHEMISTRY			
AMYLASE, SERUM			
AMYLASE	68	25 - 115	U/L
METHOD : CHROMOGENIC ASSAY			
LIPASE, SERUM			
LIPASE	131.00	73 - 393	U/L

Interpretation(s)
AMYLASE, SERUM-
Amylase enzyme is of predominantly pancreatic or salivary gland origin. Amylase levels increase in acute pancreatitis, pseudo-cyst of pancreas, obstruction of pancreatic ducts, mumps, occasionally elevated in renal insufficiency, ruptured ectopic pregnancy, appendicitis, dissecting aortic aneurysm, cerebral trauma, diabetic acidosis and

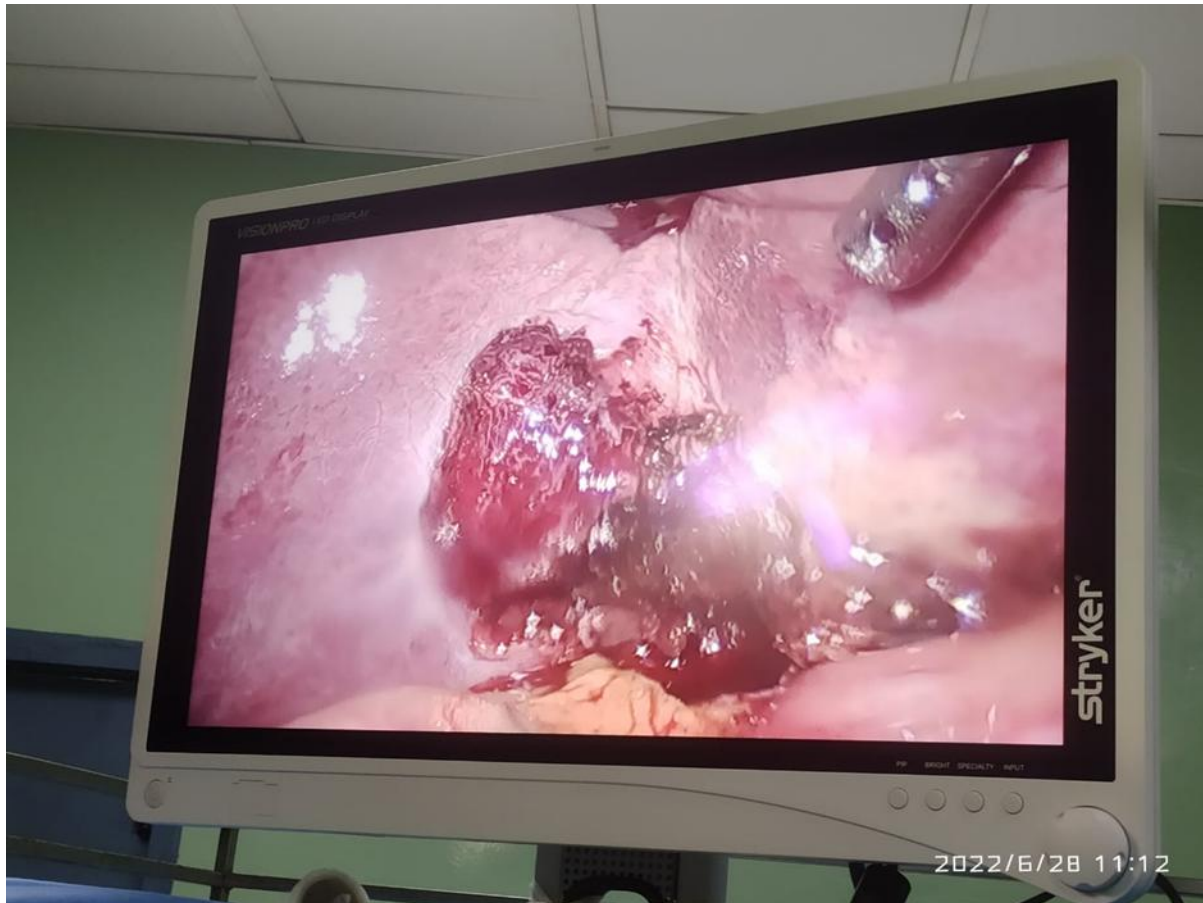


The finding was evident intraoperatively itself, while preoperative ultrasonography had only revealed single 6mm calculus in gallbladder, with no wall thickening, no gall bladder polyps or mass.

The patient was taken up for 4 port Laproscopic cholecystectomy under general anaesthesia. Intraoperatively, once Calot's dissection was being carried out, there was sudden bleed from the posterior

aspect of the gall bladder, which was controlled by bipolar cautery and pressure using Maryland's forceps.

Once gall bladder was dissected off the gall bladder fossa, haemangioma was revealed on the gall bladder fossa which had formed the posterior boundary of the gall bladder.



The patient lost about 50ml of blood which was controlled by bipolar cautery.

Once bleeding was under control, the gall bladder was extracted out, again the fossa was rechecked for any bleed and drain was placed.

Postoperatively, the drain output was about 20ml on 1st operative day and vitals remained stable.

Light semisolid orals were started once bowel sounds appeared.

The drain was removed on the 2nd postoperative day once there was no drain output. The patient was discharged and stitches removed on 8th postoperative day.

The histopathology report revealed normal gall bladder with no polyp or mass, containing stone.

The postoperative period was uneventful.

Discussion:

Hepatic hemangioma is the most common benign tumor of the liver, with an incidence rate of about .4% to 20%. (2)

They are usually picked up on imaging study done for some other complaint.

Sonography has a sensitivity of 94.1% and specificity of 80% for hemangiomas under 3 cm. (2).

Hamartomas are vascular malformations or hamartomas of congenital origin that enlarge by ectasia. (3)

Symptoms are more likely if hemangiomas are larger than about 4cm, in the form of abdominal discomfort

,a feeling of being full after eating a small meal, pain.(4)

Haemangiomas are not as common in the gallbladder.

Kwon et al. reported that benign tumors accounted for 88% of gallbladder tumors.(5)

The Haemangiomas discovered incidentally in the operative period are usually left alone,as they do not need prophylactic resection.

Conclusion:

This article aims to bring the attention of the readers to the importance of proper imaging as well as being ready to deal with emergencies due to unforeseen complications in elective surgery.

Acknowledgement :

We would like to thank the anaesthetists and OT staff of ASCOMS.

References

1. Cavernous Hemangioma of the Gallbladder Masquerading as a Carcinoma, Funamizu N. · Nakabayashi Y. Case Rep Gastroenterol 2019;13:219–224, <https://doi.org/10.1159/000500079>
2. Bajenaru, N, Balaban, V, Săvulescu, F, Campeanu, I, Patrascu, T: Hepatic hemangioma—review. J Med Life 2015;8(Spec Issue):4–11. Google Scholar | Medline
3. Hepatic hemangioma, Authors:Michael P Curry, MD,Sanjiv Chopra, MD, MACP, Section Editor, Keith D Lindor, MD, Deputy Editor.,Kristen M Robson, MD, MBA, FACC
4. Hemangiomas of the Liver By Danielle Tholey, MD, Sidney Kimmel Medical College at Thomas Jefferson University
5. Kwon W, Jang JY, Lee SE, Hwang DW, Kim SW. Clinicopathologic features of polypoid lesions of the gallbladder and risk factors of gallbladder cancer. J Korean Med Sci. 2009 Jun;24(3):481–7.