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Completion Cholecystectomy For Gallbladder Remnant With Calculi Following Partial Cholecystectomy : A Case Series

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Background : Laparoscopic cholecystectomy is widely accepted as the standard surgical treatment for cholecystitis patients. However, even experienced surgeons occasionally encounter situations where laparoscopic partial cholecystectomy becomes necessary in cases of acute cholecystitis, primarily due to severe inflammation hindering proper identification of the gallbladder-cystic junction. Incomplete removal of the gallbladder can lead to postcholecystectomy syndrome.

Methods : In this case series, we present our experiences with four cases of gallbladder remnant with calculi. These cases underscore the importance of considering completion cholecystectomy to prevent postoperative complications in patients with residual gallbladder remnants.

Results : Case 1: An 81-year-old female patient with a history of cholecystectomy at another hospital ten years prior presented with pyogenic cholangitis and CBD stones. An ERCP was performed for stone removal, and completion cholecystectomy was conducted to address the gallbladder remnant. Case 2: A 68-year-old male patient underwent upper abdominal ultrasonography, which revealed a bicameral gallbladder with stones. The hepatobiliary scan showed normal filling in the ductal chamber but no filling in the fundal chamber. Partial cholecystectomy was performed due to omental adhesion that hindered cystic duct identification. A subsequent magnetic resonance cholangiopancreatography (MRCP) confirmed the presence of a remnant gallbladder with stones. Laparoscopic completion cholecystectomy was performed, with the remnant gallbladder found surrounded by omental fat. Case 3: A 79-year-old male patient was admitted to the hospital with acute cholecystitis and gallbladder stones, and underwent laparoscopic cholecystectomy on the same day. Severe inflammation resulted in cystic duct tearing while duct isolation was done, necessitating suture ligation of the inadequate cystic duct stump. The patient was discharged on POD#5. But this patient returned with fever three days after visiting outpatient department. Imaging revealed fluid collection at the gallbladder bed and a remnant gallbladder with calculi, leading to decision for prompt percutaneous drainage, resulting in subsequent improvement.

Conclusions : Based on the presented cases, it is imperative to consider completion cholecystectomy before cholangitis or recurrent cholecystitis occurs in patients who have undergone partial cholecystectomy with gallbladder remnant and calculi. Timely intervention can prevent postcholecystectomy syndrome and improve clinical outcomes.

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