

Title:

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Unusual radiological image: the floating gallbladder

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A calcified intra-abdominal image with columnar arrangement (Figs. 1 and 2) was identified in a 67-year-old patient with a history of dyspepsia, who underwent lumbar radiography due to lumbar pain. The study was followed-up with an abdominal ultrasound that identified multiple cholelithiasis with a probable "floating gallbladder" and a normal urinary tract. The analytical liver profile was normal. Subsequently, an exploratory laparoscopy was performed and a gallbladder with a very long middle was found, which confirmed the diagnostic suspicion of a floating gallbladder (Fig. 3) and led to a laparoscopic cholecystectomy. The pathological anatomy reported multiple cholelithiasis without signs of cholecystitis. The most frequent acute complication according to the literature is gallbladder volvulus, which is a rare entity described in 1898 by Wendel. Although the etiology is not entirely clear, there are two anatomical variants that can lead to volvulus. In the first one, the gallbladder has a mesentery that makes it prone to torsion. Whereas in the second one, known as a "floating gallbladder", the mesentery supports only the cystic duct and this allows the gallbladder to literally hang freely.

RECOMMENDED REFERENCES

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Fig. 1. Anteroposterior lumbar radiography.



Fig. 2. Lateral lumbar radiography.



Fig. 3. Image of the gallbladder during the laparoscopy.