



## **Rare Presentation of Gall Bladder Adenomyomatosis**

**M. Ishwarya<sup>a#</sup>, R. Anantharamakrishnan<sup>a†</sup>, K. Senthil Kumar<sup>a#\*</sup>  
and K. Pranay<sup>a#</sup>**

<sup>a</sup> Department of General Surgery, Chettinad Hospital and Research Institute, Chettinad Academy of Research and Education (CARE), Kelambakkam, Tamil Nadu, India.

### **Authors' contributions**

*This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.*

### **Article Information**

DOI: 10.9734/JPRI/2021/v33i59A34298

### **Open Peer Review History:**

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://www.sdiarticle5.com/review-history/76683>

**Case Report**

**Received 10 October 2021**  
**Accepted 14 December 2021**  
**Published 16 December 2021**

## **ABSTRACT**

**Introduction:** Adenomyomatosis is a benign alterations of gall bladder wall that can be found in 9% of patients. We present a case of gall bladder adenomyomatosis of young male presented with right upper quadrant pain.

**Case Report:** A 22 year old male admitted with a history of pain over right upper quadrant for 8 months. The patient's physical examination revealed tenderness over the right hypochondrium region. Contrast enhanced computed tomography showed - gall bladder wall appeared diffusely thickened with multiple small cystic areas noted.

**Conclusion:** Symptomatic gall bladder adenomyomatosis is an indicator for cholecystectomy, which results in complete disappearance of symptoms. Asymptomatic cases are not an indication for surgery, but the radiological diagnosis must be beyond any doubt. If there is a any diagnostic doubt about the possibility of gall bladder cancer, a cholecystectomy is justified.

*Keywords: Adenomyomatosis; gall bladder; cholecystectomy.*

# Third year PG,;

† Professor and Head;

\* Professor;

\*Corresponding author

## 1. INTRODUCTION

The Aim of this study is presenting a rare case of gall bladder adenomyomatosis.

Adenomyomatosis is a benign alterations of gall bladder wall that can be found in 9% of patients. We present a case of gall bladder adenomyomatosis of young male presented with right upper quadrant pain. Gall bladder adenomyomatosis is a rare gall bladder abnormality with distinctive gross and histopathological features and relatively specific findings at multimodality imaging. They may differentially diagnosed as cholecystitis or malignant lesions of gall bladder. It is most often an incidental finding, has no intrinsic malignant potential and usually needs no treatment.

## 2. CASE REPORT

A 22 year old male admitted with a history of pain over right upper quadrant for 8 months. The patient's physical examination revealed tenderness over the right hypochondrium region. Contrast enhanced computed tomography showed - gall bladder wall appeared diffusely thickened with multiple small cystic areas noted. Heterodense enhancement noted on contrast administration. Features suggestive of gall bladder adenomyomatosis. Laparoscopic cholecystectomy was done. Gall bladder was sent for Histopathological examination. Post operative period was uneventful. Grossly, gall bladder measuring 9\*4.5\*1.5cm. External surface near the fundus appears irregular, not covered by serosa. Cut surface revealed a thickened grey white area at the fundus of gall bladder measuring 2\*1.5\*1.5 cm. It is pale white and focal grey brown areas are seen. Grossly it appears involving the serosa. It is 6cm away

from the resected margin. The neck and the body is normal. The wall is thickened ranging from 1 to 1.5cm. Histopathological report was eosinophilic cholecystitis with adenomatous hyperplasia.

## 3. DISCUSSION AND CONCLUSION

Adenomyomatosis of Gall Bladder is a benign and acquired condition.

Chronic inflammation of Gall Bladder is the precursor. It is typically seen in 5Th decade of life. As the result of prolonged inflammation, the incidence tends to increase with age. Female predilection is seen (M:F-1:3). Gall Bladder Adenomyomatosis is not a pre-malignant lesion, but chronic inflammation tend to have high risk of malignant transformation. Gall Bladder Adenomyomatosis is characterised by Rokitsansky Aschoff Sinuses - outpouchings of mucosa into the muscle layer. There is excessive epithelial proliferation with hypertrophic of muscularis propria. Types of Gall Bladder Adenomyomatosis include 1) fundal- the focal thickening seen in the Gall Bladder fundus 2) Segmental - circumferential growth in the Gall Bladder forming compartments and 3) diffuse- characterised by disseminated thickening of Gall Bladder. Nowadays Gall Bladder Adenomyomatosis is being increasingly diagnosed with the use of wide spectra of Radiological imaging studies. Characteristic ultrasound find is comet-tail artefacts, Pearl-necklace sign on MRI and rosary sign in computed tomography. To conclude - asymptomatic gall bladder is not an indication for cholecystectomy and periodic follow up and observation for co-existing malignant changes is needed. When it is symptomatic cholecystectomy is done. When in doubt of malignancy too, cholecystectomy is indicated.

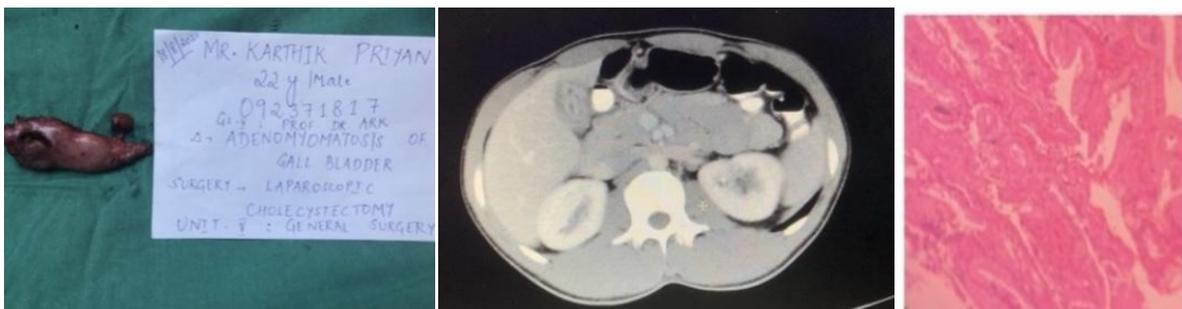


Fig. 1. Histopathological report was eosinophilic cholecystitis with adenomatous hyperplasia

## ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

## CONSENT

As per international standard or university standard, patient's written consent has been collected and preserved by the author(s).

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

## REFERENCES

1. N. Golsea M. Lewin. Sebaghd-Y. Maburute; Gall bladder adenomyomatosis; Diagnosis and management. Journal of Visceral Surgery. OCT 2017; 154(5).
2. Jonathan Joshi; Lindseykirk; PUBMED-Adenomyomatosis stat-earls.
3. Melani A Ellin, BS RDMS; A review of adenomyomatosis and gall bladder sonography; Journal of diagnostic Medical Sonography; January 1989.

---

© 2021 Ishwarya et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

*Peer-review history:*  
*The peer review history for this paper can be accessed here:*  
<https://www.sdiarticle5.com/review-history/76683>