MULTISEPTATE GALLBLADDER WITH RECURRENT ABDOMINAL PAIN AND ELEVATED LIVER ENZYMES IN A CHILD

BİR ÇOCUK OLGUDA TEKRARLAYAN KARIN AĞRISI VE KARACİĞER ENZİM YÜKSEKLİĞİ İLE BULGU VEREN MULTİSEPTALI SAFRA KESESİ

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SUMMARY: An 11-year-old girl with multiseptate gallbladder is presented. The main complaint of the patient was chronic abdominal pain. We observed moderate elevation of her liver enzymes during pain attacks. Liver enzymes returned to normal after her symptoms were resolved. There is only one report of a patient with multiseptate gallbladder and elevated liver enzymes during pain attacks in the literature.

***Key Words:** Multiseptate Gallbladder, Abdominal Pain, Liver Enzyme Elevation, Childhood.*

ÖZET: Bu makalede multisepta safra kesesi tanısı alan 11 yaşında bir kız olgu sunulmuştur. Hastanın başlıca yakınması kronik karın ağrısı olup, ağrı atakları sırasında karaciğer enzimlerinde orta derecede yükseklikler saptanmıştır.Semptomların gerilemesi ile karaciğer enzimleri normale dönmüştür. Literatür taramasında, ağrı atakları sırasında karacıger enzımlerinde yükselme görülen tek olgu raporuna rastlanmıştır.

***Anahtar Kelimeler:** Multisepta Safra Kesesi, Karın Ağrısı, Karaciğer Enzim Yüksekliği, Çocukluk Çağı.*

INTRODUCTION

Multiseptate gallbladder is a rare congenital anomaly. Simon and Tandon reported details of clinical and pathological findings of multiseptate gallbladder in 1963 (1). Although several asymptomatic cases have been described, clinically, patients usually present with biliary pain. We report a patient with multiseptate gallbladder who presented recurrent abdominal pain and elevation of liver enzymes.

CASE REPORT

An 11-year-old girl was admitted to our clinic with frequent episodes of colicky abdominal pain. There were no associated symptoms. The patient was in a good general condition and her abdomen was soft. The remainder of her physical examination was normal. Her blood count, urine analysis, serum amylase and bilirubin were all within normal limits. Her liver enzymes were found to be abnormal (AST: 125 unit/L (normal <40), ALT: 190 unit/L) (normal <35), GGT: 56 unit/L (normal< 37)). Her medical and family history was unremarkable. She was taking no medications. Serology was negative for Hepatitis A, B, C, EBV and CMV. Sedimentation rate, antismooth muscle antibodies and antinuclear antibodies were negative. Serum and urine copper and ceruloplasmine levels were within normal limits. The sonographic examination showed multiple septa arising from the wall of the gallbladder, intrahepatic and extrahepatic bile ducts were normal (Fig. 1). The patient's symptoms were relieved and the liver enzymes decreased to normal levels within 1 week. Eight weeks after first admittance, she returned to our clinic with similar symptoms. Laboratory workup showed elevated liver enzymes. Repeated sonography demonstrated a

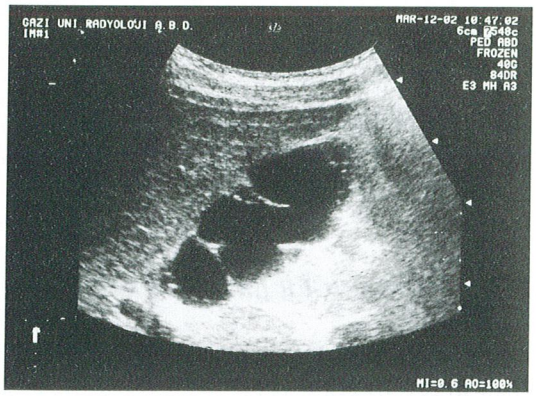

Fig. 1: Sagittal ultrasound view of gallbadder demonstrates multiple thin septations.

multiloculated gallbladder. On the basis of these studies, a diagnosis of multiseptate gallbladder was made and she was referred for surgery.

DISCUSSION

Multiseptate gallbladder is an extremely rare anomaly of the biliary tract. (2). The sonographic appearance of this anomaly is well known (3-5). Most reported patients present with colicky pains associated with nausea. Acute pancreatitis, concomitant cholelithiasis, diffuse cholesterolosis, hypoplasia of the gallbladder and choledochal cyst have also been reported (3,6,7).

The mechanism of pain in these patients is not well known. The symptoms are probably due to increased intraluminal pressure of the gallbladder.

Our patient presented with colicky pain and intermittent liver enzyme elevations. A similar patient had previously been reported by Paciorek et al. Their comment on the cause of transient liver enzyme elevation is that it may be a result of transient biliary ductal obstruction (8).

Cholecystectomy is the preferred therapy for patients with biliary colic. Only asymptomatic patients are observed to not require surgical intervention (6). In the light of these literature experiences, we referred the patient for cholecystectomy.

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