

A spilled gallstone

An 80-year-old woman presented with abdominal pain, nausea and diarrhoea. She had undergone a laparoscopic cholecystectomy 10 years previously. The surgery was complicated by an umbilical hernia at the umbilical port site, which was repaired surgically 5 years later. The patient reported intermittent drainage of clear fluid from the umbilicus after the hernia repair. She had right lower quadrant tenderness without guarding or a palpable mass.

Laboratory investigations showed a serum lipase concentration of 393 U/L (reference range, 114–286 U/L) with normal white blood cell count. Abdominal computed tomography revealed a 2.8 × 2.4 cm mass in the right lower quadrant, with a calcific rim and foci of calcium within the lesion (Figure, A). The mass appeared to be outside the small bowel, suggesting a mucocele or mucoid tumour. Laparoscopy revealed a 2.5 cm solid mass containing a gallstone (Figure, B and C). The drainage from the umbilicus continued after surgery and was apparently unrelated to the spilled gallstone.

Gallstone spillage is more common during laparoscopic than open cholecystectomy. It occurs in 5%–40% of laparoscopic cholecystectomies, but complications are very rare,¹ with a reported incidence of 0.08%–0.3% of cases.² The reason that only a fraction of patients develop complications is uncertain.¹

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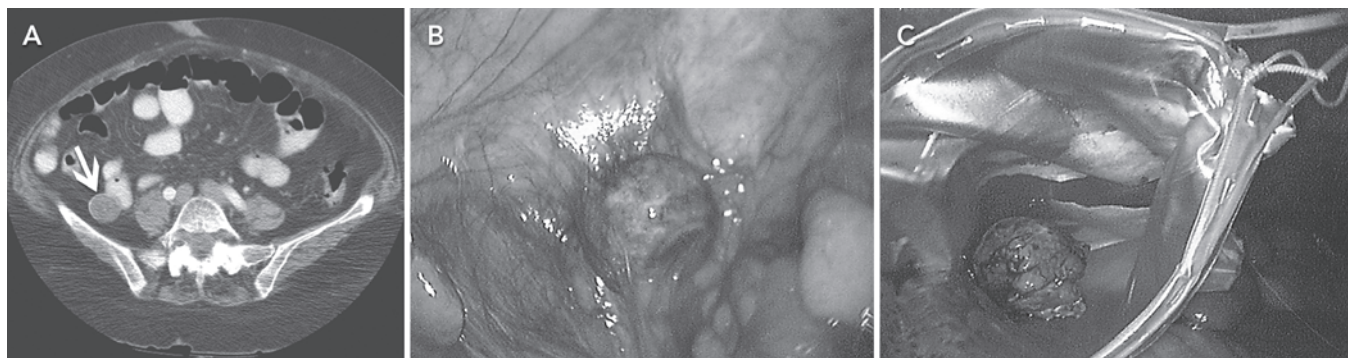
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1 Sathesh-Kumar T, Saklani AP, Vinayagam R, Blackett RL. Spilled gall stones during laparoscopic cholecystectomy: a review of the literature. *Postgrad Med J* 2004; 80: 77-79.

2 Schafer M, Suter C, Klaiber C, et al. Spilled gallstones after laparoscopic cholecystectomy. A relevant problem? A retrospective analysis of 10,174 laparoscopic cholecystectomies. *Surg Endosc* 1998; 12: 305-309. □



A: Computed tomography scan of the abdomen showing a 2.8 × 2.4 cm mass (arrow) external to the small bowel. **B, C:** The gallstone recovered during exploratory laparoscopy. ♦