Dear Editor,

Gallbladder volvulus is a very uncommon event that is more frequently seen in elderly women (1-5). It is defined as the rotation of the gallbladder on its mesentery along the axis constituted by the cystic conduct and the cystic artery (3). Its presentation as an acute abdomen episode is exceptional (1-5). We report the case of a 95 year old man with suspected acute appendicitis in the context of an acute abdomen episode who was found to have a gallbladder volvulus during surgery.

Case report

A 95 year old man previously healthy attended the emergency department referring a twenty four hour history of right iliac fossa pain which became progressively more intense. No other associated symptomatology.

The physical exam revealed a pronounced dorsal kyphosis. The abdomen appeared soft and tender with intense pain and peritonism in the right iliac fossa and right flank. Blood test showed leukocytosis (12,500/mm$^3$) with neutrophilia (85%). CT scan of the abdomen demonstrated an intra abdominal collection in the right iliac fossa and right parietocolic space. The rest of the complementary tests including blood chemistry, chest and abdomen X-ray were normal. With the suspected diagnosis of acute appendicitis the patient underwent an emergency medium, supra- and infra-umbilical laparotomy. The appendix was found to be normal at that time. Further examination during surgery revealed a gallbladder volvulus. Macroscopically the gallbladder appeared edematous, congestive and patchy necrotic (Fig. 1). It was done a detorsion of 180 degrees and subsequent cholecystectomy performed. The patient experienced an uneventful post-operative admission and could be discharged seven days after surgery. Histology was compatible with cholecystitis.

Discussion

Gallbladder volvulus is an infrequent cause of acute abdomen. Nevertheless, an increasing number or reports describing this complication have been reported in the last decades along with an increase in life expectancy suggesting a relation between elderly and appearance of this condition (1-4). Other potential factors described to contribute to the appearance of this complication are lax and mobile vesicular mesentery, age related visceral ptosis, multiparity, congenital malformations, multiple lithiasis and

Fig. 1. Intraoperative picture of the gallbladder volvulus.
kyphoscoliosis (1). All published cases report the finding of floating gallbladder due to a mobile mesentery. 

Clinically it presents as an acute cholecystitis, usually a less aggressive and serious illness than gallbladder volvulus. A low index of suspicious due to its low frequency with the subsequent delay in diagnosis and treatment make of this disease a potential life threatening condition.

Radiology tests seem to be of limited value in this setting. Nonetheless, ultrasound remains as a useful tool in early diagnosis when describing a large floating gallbladder with thickened wall and multiple loops.

Emergency detorsion and open or laparoscopic cholecystectomy remain as the treatment of choice (1-5).

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References