



Auto Phagocytized Gallbladder: A Case Report

José Luis Mosso^{1*}, José Luis Mosso Jr² and Enrique Jesús Rodríguez³

¹School of Medicine, Panamericana University, Mexico

²Anáhuac University, Mexico

³Medical Center la Raza IMSS, Mexico

*Corresponding Author: José Luis Mosso, School of Medicine, Panamericana University, Mexico.

Received: April 10, 2019; Published: June 12, 2019

Abstract

We present a case of auto phagocytized gallbladder walls secondary to a perforated gallbladder in a female 68-year-age with due to acute cholecystitis of three weeks of evolution with the following laboratories (leukocytes of 3.94, hemoglobin of 8, TP of 22.5, glucose of 233 and creatinine of 2.8). The trans operative findings of an open cholecystectomy were the presence of free bilioperitoneum into abdominal cavity, many yellow stones were suspended to a small portion of the posterior wall of the gallbladder body, the cystic duct was present. The bilioperitoneum was drained, the stones were removed from the posterior wall of the gallbladder and the cystic duct was knotted. The evolution of the patient was to deterioration, dying on the fifth day due to sepsis and hypovolemic shock.

Keywords: Perforated Gallbladder; Cholecystitis; Laparoscopy

Introduction

The gallbladder is a reservoir that stores and concentrates bile from the liver. Its secretion is stimulated by the intake of food, such as meat or fat, contracting and expelling the bile into the second portion of the duodenum to facilitate digestion and absorption of fats thus participating in the process of digestion, also excretes excess cholesterol, bilirubin, even medications. The surgical experience of the gallbladder in the General and Regional Hospital number 25 of the IMSS are mostly complicated gallbladders: 1. Dyskinetic, 2. Bile sludge, 3. Chronic lithiasic, 4. Chronic alithiasic, 5. Lithiasic bladder, 6. Sub-acute lithiasic Gallbladder, 7. Lithiasic gallbladder, 8. Gallbladder with hydrocholecyst, 9. Gallbladder with pyocolecyst, 10. Gallbladder with gangrened wall, 11. Perforated and sealed gallbladder, 12. Perforated with peritonitis. generalized, 13. Perforated and fistulized to an organ, 14. Gallbladder in porcelain by cancer, 15. Gallbladder with polyp, 16. Gallbladder situs in versus, 17. Gallbladder auto phagocytized as the case we present, 18. Gallbladder due to puncturing or traumatic injury, 19. Gallbladder with pseudolithiasis, 20. Ectopic gallbladder, 21. Agenesis of gall bladder, 22. Acute cholecystitis and pregnant, 23. Acute cholecystitis and appendicitis.

The trans operative complications as postoperative of open cholecystectomies as laparoscopic of complicated cases such as the one we present generate high costs to health institutions as

well as to the patient's economy and their relatives without considering the pain and suffering of each one of them. For these reasons we propose and justify in this article to genetically manipulate in the future the information related to the development of the gallbladder so that the new generations of human beings are born without a gall bladder. As this type of cases we have the interest to know the human genome to know the region of the absent gene responsible for information for the development of the gallbladder. This proposal is an initiative to demonstrate that in the near future preventive medicine such as therapeutic medicine will be overcome by a regenerative medicine to create a new anatomical model of a human being that will require less and less invasive handling. Genetic manipulation will not only eliminate from the genomic map structures that are not very useful for the evolution of homo sapiens but will exalt new extinct genomes such as the Neanderthal and other species. The evolution is responsible for natural selection of atrophy and disappear structures that are not very useful over time and on the other hand increases the physiological capacity of other organs according to supply and demand. However, returning to the case that interests us, breaking the economic cycle of vesicular diseases will not be easy, because of this region of the body depends the economic income of the specialist in radio diagnosis, the anesthesiologist, nurses, emergence physician, internist, cardiologist, the general practitioner and undoubtedly the internal doctors and

residents who are in the process of teaching and learning in open surgery as laparoscopic. There are organs like the thymus, the little finger, the male mammary glands, which are not necessary for human life. The gallbladder and the appendix belong to this group.

The human genome was concluded 15 years ago, in 2003, a project that allows us to know the anatomical and functional origin of any organ. The gallbladder is not the exception since its genetic origin is known with precision [1-7].

Clinical Case

Female, 68 years old, housewife, with a history of DM Type II and HAS controlled medically. It refers to a gastroenteritis and abdominal pain of probable infectious origin and treated medically and conservative measures for 3 weeks. He came to our unit 5 days before his surgery, initially treated as diarrheal syndrome and abdominal pain syndrome. The day of her intervention was conscious, oriented, cardiopulmonary without compromise, abdomen wall with generalized muscular resistance, data of peritoneal irritation with the following laboratory results: leukocytes of 3.94, hemoglobin of 8, TP of 22.5, glucose of 233 and creatinine of 2.8, simple abdominal radiographs with dilatation of the gastric chamber and Bowell (See figure 1). The simple abdominal scanner shows the presence of multiple stones in the gallbladder posterior wall (See figure 2). A right subcostal incision was made and, under flat dissection, 2 liters of bilioperitoneum are found free in the abdominal cavity, and the adhesions of the greater omentum to the edge of the right hepatic lobe are freed, identifying a conglomerate of gallstones in the vesicular bed. yellow color suspended by a small portion of the posterior wall of the gallbladder and persistence of the cystic duct of 2 mm in diameter which was knocked. The abdominal wall was closed with a conventional technique. The patient is admitted to the intensive care unit after laparotomy, evolving to improvement, losing her life on the fifth day post-operated due to sepsis, septic shock and hypovolemic shock.



Figure 1: Simple abdominal X-ray with dilatation of the gastric chamber and bow.



Figure 2: Simple abdomen scanner with oral water-soluble contrast medium that shows multiple gallbladder stones.

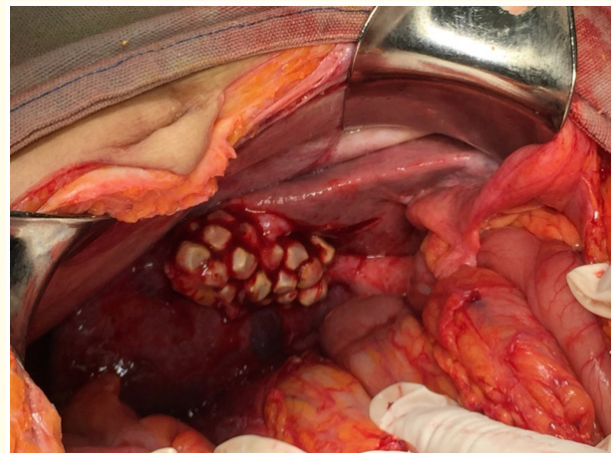


Figure 3: Stones and cyst duct without gallbladder walls (Open cholecystectomy).



Figure 4: Stones removed without gallbladder walls auto phagocytized.

Discussion and Conclusion

The human being can live without a gall bladder as patients with vesicular agenesis. Patients with postoperative cholecystectomy without postoperative complications also lead a normal life in the postoperative period as in the rest of their lives. Patients who are operated on by complicated gallbladder do not, since they present high rates of morbidity and mortality with the present extreme case of a complicated vesicle. Patients after cholecystectomy live their normal life without the gallbladder removed surgically except those patients who have bile reflux but this due to factors inherent to cholecystectomy such as relaxation of the lower esophageal sphincter or 'excessive intake of cholecystokinetic foods. The genetic absence as by the surgical absence of the gallbladder does not alter the physiology of the digestive system per se, these two conditions allow us to state that genetically manipulating the gene related to the formation of the gallbladder will allow this gene to disappear in the near future. so that new generations of humans are born without a gallbladder and thus avoid health institutions and a whole society reducing public spending dramatically, while reducing comorbidities related to complications due to open, laparoscopic or cholecystectomy assisted by robot. The cost benefit would have an unprecedented social, economic, and health impact, but not for the surgical instrumentation industries or the pharmaceutical industries. Many of our colleague's surgeons may not agree on this proposal but we are convinced that patients with gallbladder disease will reduce their pain as suffering. Genetic manipulation would not only eliminate the information related to the gallbladder from the human genome, but also to manipulate or remove organs such as the cecum appendix that causes morbidity equal to or greater than gallbladder-related conditions such as perforated appendicitis. The human being should not worry about carrying unnecessary reservoirs that could be complicated and surgically intervened allowing us to have a better quality of life and economic, increasing our quality of our well-being, longevity, work productivity, and happiness. The ideal for medicine is prevention, however some societies like ours are far from a health education of the population, an example is that in Mexico we have the first place in the world in obesity in adults and children. There are three causes of absence of the gallbladder. Gallbladder agenesis, surgical absence and absence due to phagocytosis (of immunological origin). The fourth scheduled absence of the gallbladder would be by (genetic manipulation).

Bibliography

1. J Edward Wilson and John E Deitrick. "Agenesis of the gallbladder: Case report and familial investigation". *Surgery* 99.1 (1986): 106-109.
2. Muñoz HJ., *et al.* "Agenesia de vesicula biliar, reportede un caso y revisión de la literature". *Cirugía Endoscópica* 12.1 (2011): 35-37.
3. Jonathan Guillermo Flores-Valencia., *et al.* "Laura Hermila de la Garza-Salinas. Agenesia vesicular". *Revista Médica del Instituto Mexicano del Seguro Social* 50.1 (2012): 63-66.
4. Joliat GR., *et al.* "Isolated congenital agenesis of the gallbladder and cystic duct: report of a case". *Journal of Surgical Education* 70.1 (2013): 117-120.
5. Yoldas O., *et al.* "Coexistence of gallbladder agenesis and cholangiocarcinoma: report of a case". *Journal of Gastrointestinal Surgery* 18.7 (2014): 1373-1376.
6. Bedi N., *et al.* "Gallbladder agenesis with choledochal cyst--a rare association: a case report and review of possible genetic or embryological links". *BMJ Case Reports* (2013).
7. <http://www.genecard.com/>

Volume 2 Issue 5 July 2019

© All rights are reserved by José Luis Mosso., *et al.*