



Except for the adhesions, the gall bladder looked and felt normal. There was not abnormality in the stomach or duodenum. All other viscera were found normal. The loosely adherent gall bladder was easily separated from the stomach and duodenum, and cholecystectomy was performed. Postoperative recovery was uneventful. The systems had disappeared.

The patient was reviewed after 6 months. He was symptomfree, and had put on 5 kg weight. Barium-meal X-Rays, did not show any abnormality, and the stomach had regained its normal size.

Comment

Carcinoma of the gall bladder is known to cause duodenal or pyloric obstruction by local infiltration. During operations for the non-malignant gall bladder diseases it is common to find loose adhesions between the gall bladder and adjacent viscera i.e. the colon, the duodenum or the stomach. To the author's knowledge such a gall bladder as described in this case has never been reported to cause pyloric obstruction.

RADIOLOGICAL CASE PROFILE

Gall Bladder Causing Pyloric Obstruction

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A case of Pyloric Obstruction is reported. The diagnosis was confirmed by Barium-meal X-Rays. The gall bladder was found adherent at the site of obstruction. Cholecystectomy was performed, and the patient relieved of his symptoms.

Case Report

A 26 year old farmer from Baluchistan presented on 15-12-83 with a history of pain in the upper abdomen for 6 months, and vomiting for 2 months. The dull ache had no relation with meals, and there was no history of acute abdominal colic. He was scared to eat and had lost some weight recently. There was no history of haematemesis or melaena.

The young man of average built had no physical signs except for mild tenderness in the epigastrium.

The following investigations were performed:—

Haemoglobin:	: 92%
W.B.C.	: 8,300 / mm ³
P.C.V.	: 40%
Sedimentation rate	: 8 mm in 1 hour
Blood urea	: 35 mg/100 ml
Serum electrolytes	: Within normal limits
Oral cholecystogram	: Functioning normal gallbladder with good contraction after fatty meal (Figure 1)
Barium meal X-Ray	: Moderate dilation of the stomach with a filling defect at the pylorus and the adjacent first part of the duodenum, due to pressure from outside by a soft tissue mass (Figure 2).

When the oral cholecystogram and the barium meal X-Rays were superimposed, the gall bladder was seen to fit in the indentation at the pylorus and the first part of the duodenum (Figure 3).

Operation

The abdomen was opened by a right upper paramedian incision. The gall bladder was found adherent to the pylorus and the first part of the duodenum.

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