Case Report

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Cystic Duct Stump Lithiasis Following Cholecystectomy

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ABSTRACT

Stump lithiasis is a rare but clinically relevant complication of cholecystectomy that can mimic cholecystitis. We report the case of a 63-year-old patient who presented with recurrent right upper quadrant pain three years after cholecystectomy. Imaging revealed a lithiasic gallbladder stump without biliary obstruction, confirmed by computed tomography. The patient was successfully treated by laparoscopic stump resection with an uneventful postoperative course. This case highlights the importance of imaging in the diagnosis and management of post-cholecystectomy stump lithiasis.

Keywords: Lithiasis; Cystic Duct Stump; Subtotal Cholecystectomy; Neo-Cavity

Clinical Image

We report the case of a 63-year-old woman with a history of hypertension and emergency open cholecystectomy for acute cholecystitis three years earlier presented with recurrent right upper quadrant pain resembling preoperative biliary colic. Physical examination revealed localized tenderness without systemic abnormalities, and laboratory tests were unremarkable, with no evidence of cholestasis or cytolysis. Abdominal ultrasonography identified a neo-cavity in the gallbladder bed containing a 10-mm calculus, without biliary dilatation. Computed tomography confirmed a 3-cm gallbladder stump harboring two calculi with mild wall thickening and no biliary obstruction; other abdominal organs were normal. The patient underwent successful laparoscopic resection of the gallbladder stump, with an uncomplicated postoperative course and early discharge (Figures 1-4).

Figure 1: Abdominal ultrasonography showing a neo-cavity within the gallbladder bed containing a.

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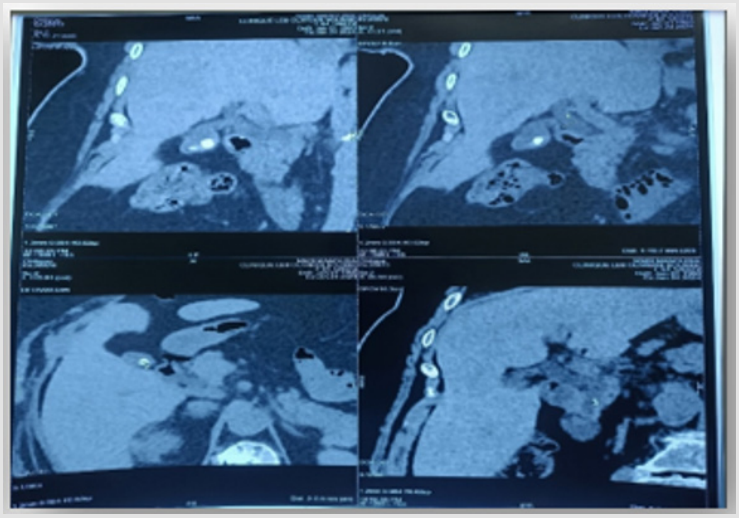

Figure 2: Axial abdominal CT images showing a 3-cm gallbladder stump containing two calculi measuring 6.

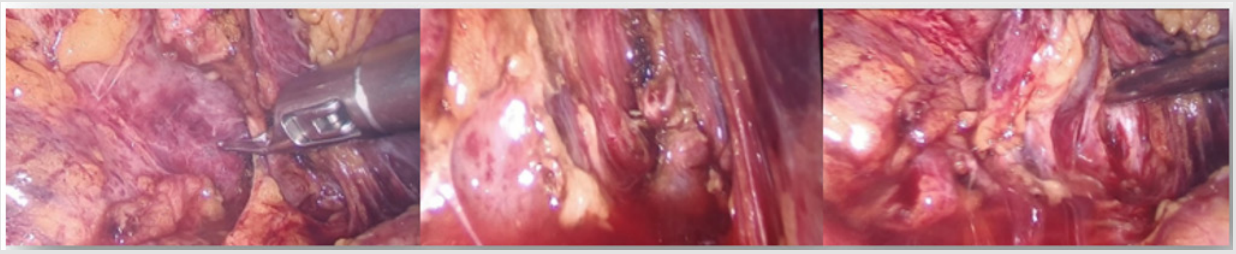

Figure 3: Intraoperative images showing dissection of the gallbladder stump, clipping of the cystic duct, and final inspection of the cystic stump.

Figure 4: Resected specimen following subtotal cholecystectomy.

Post-cholecystectomy stump lithiasis is a rare but clinically significant complication, particularly following laparoscopic cholecystectomy [1]. It may present years after the initial surgery with persistent abdominal pain, nausea, or severe complications such as choledocholithiasis or pancreatitis, requiring careful, individualized management [2]. Surgical resection of the gallbladder stump is considered a safe and effective treatment, with high success rates and minimal postoperative complications, though it requires specialized surgical expertise and carries a small risk of bile duct injury [3,4]. Management should be tailored to the patient's clinical status, stone size, and location, while further studies are needed to optimize treatment strategies and identify predictors of surgical success.

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