

Image of the Month

Anne Grayson Warren, BA; Sareh Parangi, MD

A 36-YEAR-OLD MAN SOUGHT CARE AFTER 1 week of right upper quadrant and epigastric abdominal pain. He reported that the pain was dull, constant, at times radiated to his back, and was worse postprandially. He denied nausea, vomiting, fever, or chills. On initial examination, he was afebrile with moderate tenderness in the right upper quadrant, with no guarding or rebound. A right upper quadrant mass was visible and palpable. His white blood cell count was $16.3 \times 10^3 \mu\text{L}$ and the results of liver function tests were normal. A com-

puted tomographic scan of the abdomen showed a markedly thickened and heterogeneous enhancing gallbladder wall (**Figure 1**). A gallbladder ultrasound revealed a grossly abnormal gallbladder with a thickened and hyperemic wall.

An open cholecystectomy was performed. The gallbladder was found to be hard and extremely edematous. Opening the removed gallbladder revealed a thickened gallbladder with a small lumen full of pigmented stones (**Figure 2**).

What Is the Diagnosis?

- A. Acute cholecystitis and chronic cholecystitis
- B. Parasitic infection of the gallbladder
- C. Gallbladder carcinoma
- D. Adenomyomatosis of the gallbladder

Author Affiliations: Department of Surgery, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, Mass.

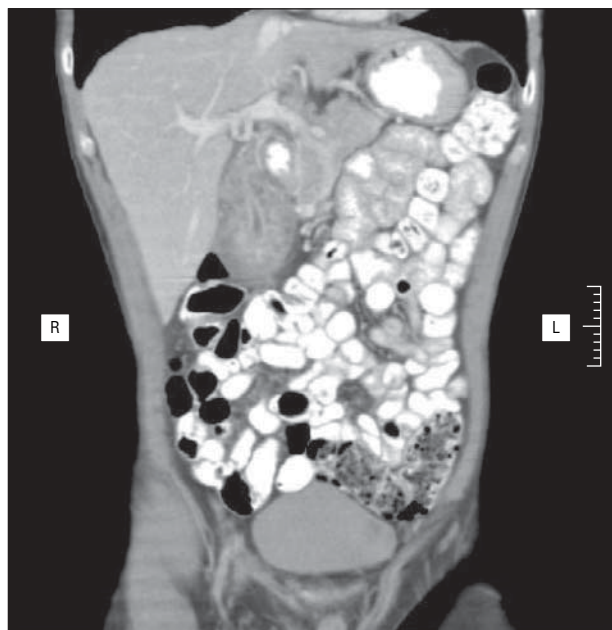


Figure 1. Computed tomographic scan of the abdomen shows a markedly thickened and heterogenous gallbladder with an enhancing gallbladder wall and very narrowed lumen.

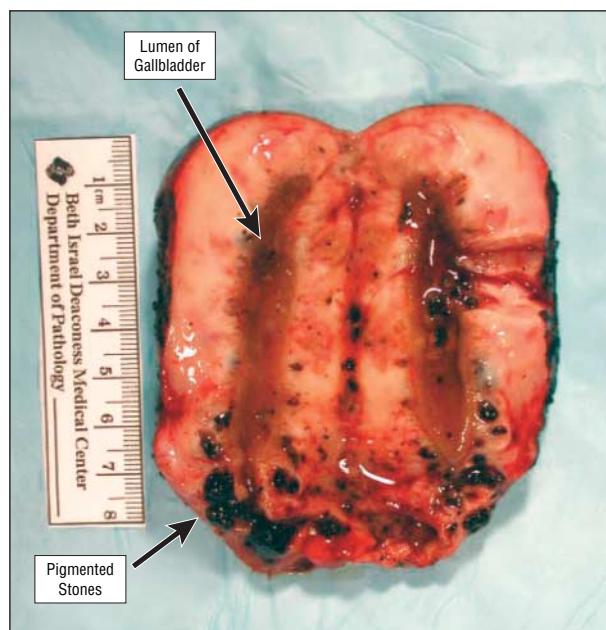


Figure 2. Gross pathology of gallbladder reveals diffusely inflamed and thickened walls with a narrowed lumen and areas of necrosis. A frozen section was performed on a piece of the wall.