

A Unique *Division* of Abdominal Pain Etiologies

Anmol Mittal, MD, Sushil Ahlawat, MD, Eric Tien Yen Chyn, MD

Rutgers New Jersey Medical School

Case Description: A 24-year-old woman presented with epigastric pain present since her teenage years. She reported no medical history. She reported a burning sensation that occurred two/three times a month, but it was persistent for the last week – lasting from minutes to hours. Relieving factors included leaning forward in fetal position and antacid use. Her exam was significant for epigastric and right upper quadrant tenderness. Laboratory testing was unremarkable except for a positive stool *H. pylori* antigen test. Abdominal ultrasound revealed an abnormal gallbladder. The patient was diagnosed with a multiseptated gallbladder (MSG).

Conclusion: MSG, also referred to as honeycomb gallbladder, is an extremely rare variant only described in 150 cases worldwide. Two competitive hypotheses described early in 1970 by Bhagavan et al. included the failure of preformed septations to disappear or the creation of septations due to untimely growth of the gallbladder. MSG was thought of only as a congenital anomaly until cases were described secondary to inflammation.

The second decade is the age group where this is observed commonly though cases in octogenarians have been described. Some patients are asymptomatic; however, most patients have abdominal pain or nausea/vomiting. Most patients are not tender, but occasionally they can have abdominal tenderness either generalized or in the RUQ.

Ultrasonography is typically sufficient to demonstrate septations. Most patients don't have cholelithiasis or biliary sludge, and there is no evidence of wall thickening or enlargement. MRCPs aren't regularly performed for diagnosis.

Treatments for these patients includes medical therapy including ursodeoxycholic acid, dicyclomine, H2 receptor antagonist, or anticholinergics and surgical therapy with a laparoscopic cholecystectomy. Multiple cases report improvement of abdominal symptoms with cholecystectomy though there is lack of follow up. Our patient was trialed on proton pump inhibitors due to additional presence of epigastric pain and burning sensation.

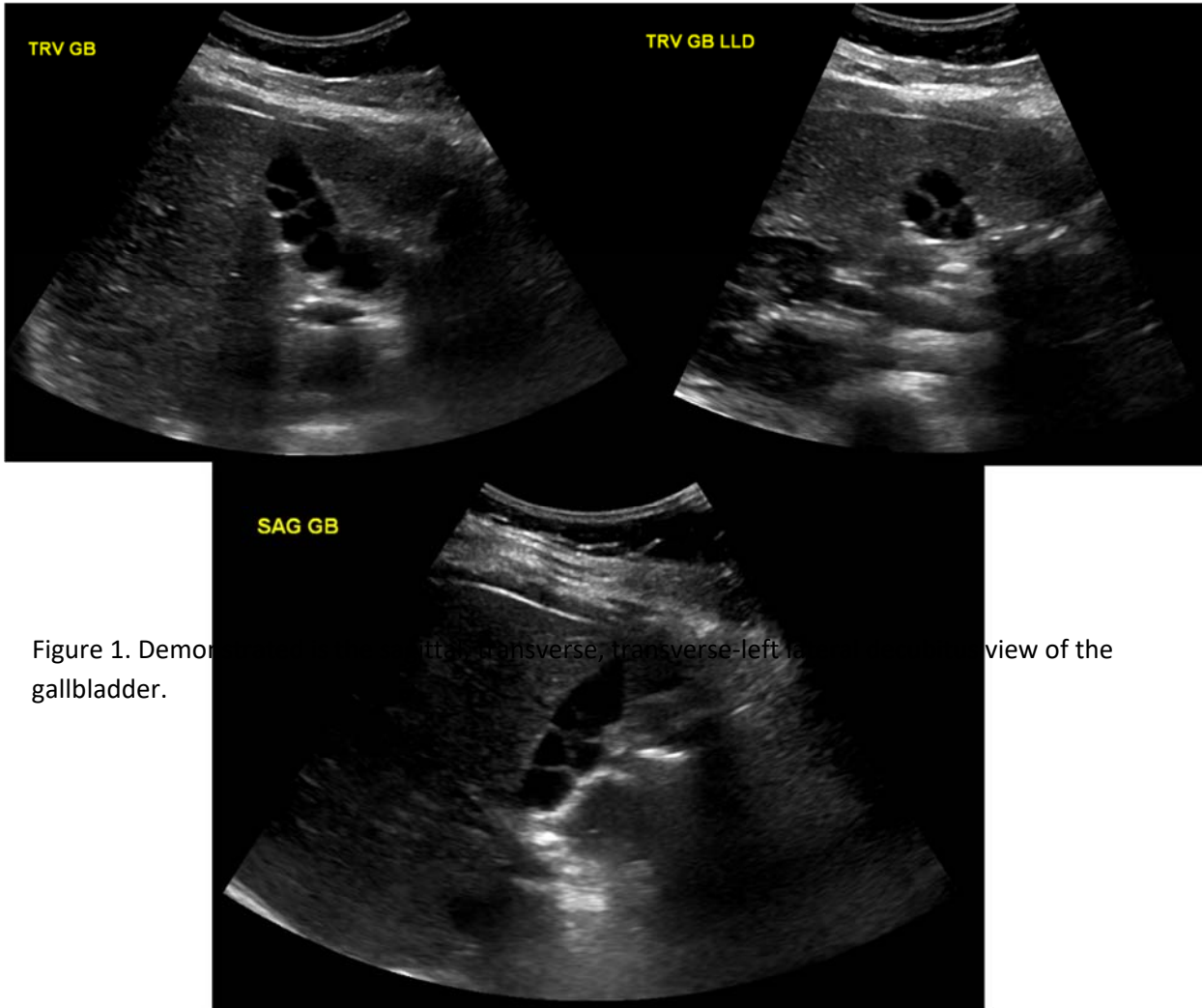


Figure 1. Demonstration of transverse, transverse-left lateral, and sagittal view of the gallbladder.