



A Unique *Division* of Abdominal Pain Etiologies

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BACKGROUND

A 24-year-old woman presented with epigastric pain present since her teenage years. She reports no medical history. Her epigastric discomfort is a burning sensation occurring two/three times a month but persistent for the last week, lasting from minutes to hours. Relieving factors include leaning forward in fetal position and antacid occasionally. Her exam was significant for epigastrium and right upper quadrant tenderness. Laboratory testing was unremarkable except for a positive stool H. pylori antigen. Abdominal ultrasound revealed multiple septations in her gallbladder (Figure A). The patient was diagnosed with a multiseptated or honeycomb gallbladder (MSG), a rare variant described in about 150 cases worldwide.

DISCUSSION

Currently, there is no treatment guideline for MSG. Cases reports revealed that cholecystectomy versus observation are common management strategies. It's important to note that not all MSG patients had improved symptoms after cholecystectomy. An obstructive pattern on liver function test would warrant investigation with hepatobiliary iminodiacetic acid (HIDA) scan which occasionally demonstrated emptying/filling defects. Theories of biliary colic suggest either stasis or uncoordinated contraction causing increased intraluminal pressure. Our patient had normal liver function test and positive H. pylori. Thus, we prioritized H. pylori treatment. Further investigation is warranted if gastrointestinal symptoms persist with confirmed eradication.

