



Gallbladder Duplication

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Clinical Image

A 40-year-old female presented with intermittent epigastric pain for 6 months. The abdominal ultrasonography (US) showed cholelithiasis and a thin gallbladder septum. Laparoscopic cholecystectomy was performed and during the procedure two biliary structures communicating the gallbladder with the common hepatic duct were found. Additional subserosal dissection revealed the presence of two attached gallbladders, each one with its cystic duct. Cystic ducts were clipped, divided, and the gallbladders were resected. Stones were present in one of them, which was associated with chronic cholecystitis. The postoperative course was uneventful.

Gallbladder duplication (GD) is a rare malformation (1/4,000 births) probably originated due to exuberant budding of the developing biliary tree [1]. Double gallbladders can be Y-shaped type (only one cystic duct entering the common bile duct) or ductular type (individual cystic ducts



Figure 1: Gallbladder duplication.

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entering the common bile duct). Despite no symptoms are imputed to this malformation, the incidence of gallbladder diseases is similar to patients with single gallbladder (Figure 1). Preoperative or intraoperative recognition of a GD could prevent excessive hilar dissection and common bile duct injury. Both gallbladders should be removed when a cholecystectomy is planned, to avoid symptomatic gallstones in the remaining organ.

References

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