

Case	(081) Thoracic gallstones as a rare complication of laparoscopic cholecystectomy procedures.
Authors	C. González-carreró Sixto, M.e. Peña Gómez, M.a. Ballesteros Sanz, L. Sánchez Moreno, A.a. Cardín Pereda, J. Azcona Saenz.
Centre	Hospital Universitario Marqués De Valdecilla.

CASE PRESENTATION

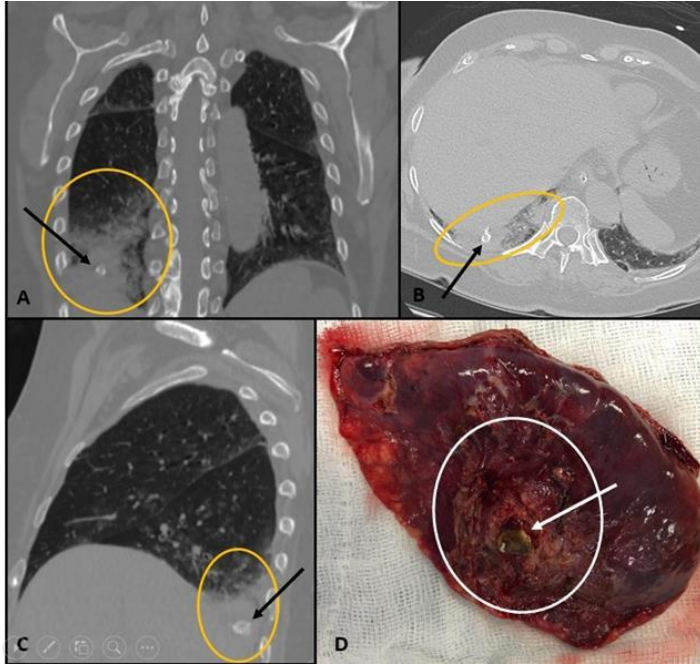
-year-old woman with a history of complicated laparoscopic cholecystectomy, presented with massive hemoptysis five months later caused by a migrated gallstone. Computed tomography (CT) scan of the chest revealed a right lower lobe hemorrhage with a foreign body embedded. An outpatient bronchoscopy showed an active bronchial bleeding without evidence of any foreign body in the small airway. As her symptoms failed to resolve, video-assisted thorascopic surgery (VATS) was performed, including a right pulmonary decortication and wedge resection. The final pathologic examination of the surgical specimen demonstrated an área of organized pneumonia and a biliary calculus within. The patient made an excellent uncomplicated recovery.

DISCUSSION

Laparoscopic cholecystectomy (LC) is one of the most commonly performed procedures in general surgery. Some complications such as biliary tract injuries and intraoperative spillage of stones are more common in LC. These "lost" gallstones may cause complications even years after the procedure. The risk of their occurrence increase when gallstones are not retrieved successfully. The most common complications arise from the peritoneal cavity, which may present in the form of intraabdominal abscesses with or without transabdominal fistulas. Thoracic complications associated with dropped gallstones are rare and include empyema, hemoptysis, and cholelithoptysis. These rare complications sometimes require surgery but not all presentations of thoracic gallstones mandate operative intervention.

CONCLUSION

Complication arising from "lost" gallstones pose a diagnostic challenge. Even when thoracic complications are rare, if patients present with prolonged chest symptoms after undergoing biliary operations, mostly in the right hemithorax, clinical suspicion of gallstone migration should raise. Because of these potential complications, when spillage of gallstones occur during a LC reasonably efforts for recovery should be performed. For postoperative considerations, evidence of gallbladder perforation or unretrieved stones must be recorded in operative notes, and patients should be aware of the possible complications in future.



Figures A, B, C. Unenhanced MDCT shows a right posterobasal condensation area with *ground glass* opacities surrounding it consistent with alveolar hemorrhage (yellow circle) and a hyperdense foreign body embedded (Arrow).

Figure D. Image of the surgical specimen after an video-assisted wedge resection of the right lower lobe. Macroscopically, we can observe what looks like a gallstone (arrow) surrounded by an area of inflammation (white circle).

BIBLIOGRAPHY

- ? Fontaine JP, Issa RA, Yantiss RK, Podbielski FJ, et al. Intrathoracic Gallstones: a Case Report and Literature Review, *Journal of the Society of Laparoscopic Surgeons*, 2006 Jul-Sep;10(3):375-8. ? Quail JF, Soballe PW and Gramins DL. Thoracic Gallstones: A Delayed Complication of Laparoscopic Cholecystectomy. *Surgical Infections*, 2014; 15(1): 69-71.