

Clinical Image

Agnesis of the Gallbladder: Clinical Image of a Diagnosis Challenge

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Agnesis of the gallbladder is an underdiagnosed and very rare entity unfamiliar to physicians with an incidence rate of 0.01% to 0.06%. [1]. The etiology is still under research, but it is generally accepted as a congenital malformation, Gallbladder agnesis is believed to occur from the failure of the gallbladder bud to develop or failure of the partially formed gallbladder to recanalize during intrauterine life [2]. Symptomatic agnesis of the gallbladder manifest with biliary symptoms, including 90% with right upper quadrant pain, 60% with nausea and vomiting, 37% with food intolerance, 35% with jaundice, and 30% with dyspepsia. symptoms have been attributed to biliary dyskinesia that possibly are caused by heightened tone in the sphincter of Oddi that increased pressure in the biliary tree with the absence of a gallbladder as a pressure reservoir [3]. The diagnostic is very challenging and can lead to unnecessary diagnostic tests and interventions in almost cases [4]. radiologists might doubt if they do not find the gallbladder and might mistake it with a shrunken gallbladder or porcelain gallbladder. if doubts exist, further investigations are required to confirm the diagnosis and avoid unnecessary surgeries. Treatment is symptomatic [5]. Therefore, Surgeons and radiologists needs to keep this pathology on their list of differential diagnoses to avoid dangerous

and unnecessary procedures [6]. We report an image of a young man of 35 years old that present with sclera trophic gallbladder on ultrasound and surgical findings confirms gallbladder agnesis.

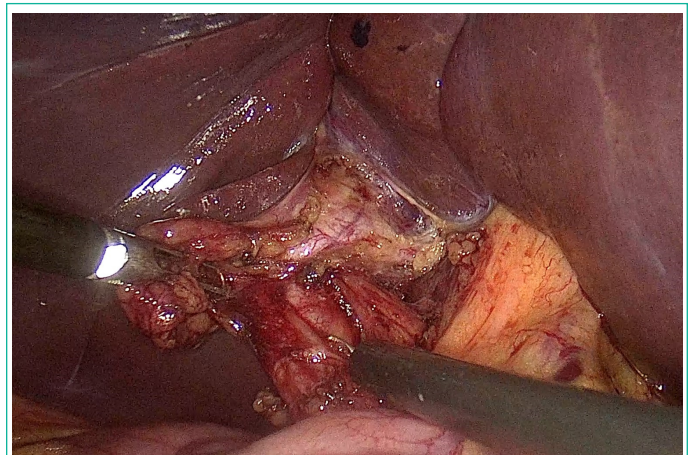


Figure 1: Coelioscopic picture showing a principal biliary duct without any presence of the gallbladder.

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