

# **Eighteen Thousand Nine Hundred Seventy Gallstones Removed in Cholecystectomy: A Case Report**

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DOI: <https://doi.org/10.52403/ijhsr.20240536>

## **ABSTRACT**

Gallstones vary in nature, size, shape, and number. Cholesterol stones are the most common type. Cholelithiasis tend to be asymptomatic. The most common symptom is biliary colic. More serious complications include cholecystitis, choledocholithiasis, cholangitis, and gallstone pancreatitis. Laparoscopic cholecystectomy is the gold standard of treatment. We describe a case of gallstone disease in a 27 years old male, where about eighteen thousand nine hundred seventy stones were extracted from the gallbladder through laparoscopic cholecystectomy.

**Keywords:** Multiple gallstones, Cholelithiasis, Laparoscopic cholecystectomy.

## **INTRODUCTION**

Cholelithiasis or gallstone is the presence of hardened deposits of digestive fluid that is formed in the gallbladder<sup>1</sup>. Types of gallbladder stones can be classified into cholesterol stones (containing > 50% cholesterol), mixed stones (containing 20-50% cholesterol), and pigment stones (containing < 20% cholesterol)<sup>2</sup>. Eighty five percent of cholelithiasis are cholesterol stones<sup>3,4</sup>. The frequency of cholelithiasis is found to be higher in the female gender and obese patients, sedentary lifestyle and hypertension, as compared to male patients, and the risk of cholelithiasis also increases

with age<sup>5</sup>. Cholelithiasis is asymptomatic in many patients. However, in addition to simple symptoms such as nausea, vomiting, and abdominal pain, gallstones can cause serious complications such as cholecystitis, cholangitis, bile duct obstruction, pancreatitis, biliary perforation, biliary fistula, and biliary neoplasty<sup>6</sup>. Laparoscopic cholecystectomy (LC) is one of the most frequently performed surgery. Its popularity stems from its minimally invasive nature, shorter hospital stays, and faster recovery times<sup>7</sup>.

It is very rare to find thousands of gallstones. In the present case we report the



combination with sonographic Murphy sign<sup>13</sup>.

Biliary colic typically refers to a steady pain, rather than a series of “colicky” waves. The pain originates in the right upper quadrant or epigastric area and can radiate around to the subcapsular region and will typically last for more than half an hour and less than 6 hours. The patient will often be nauseated and may vomit. Cholelithiasis can cause obstructive jaundice, cholangitis or acute pancreatitis<sup>14, 15</sup>.

Since the early 1990s, Laparoscopic cholecystectomy has largely replaced the open technique for cholecystectomies. However, it is associated with higher incidence of complications (i.e bile duct and vasculo-biliary injury) than open cholecystectomy<sup>16</sup>. Male gender, past history of acute cholecystitis, gallbladder wall thickness ( $\geq 4$ -5mm), fibrotic gallbladder, and adhesion at Calot’s triangle are significant predictors for difficult LC<sup>17</sup>. The most common complication is iatrogenic perforation of the gallbladder with spilt gallstones with an incidence of 10-30%<sup>18</sup>. The most serious complication, associated with high mortality rate is the injury of common bile duct with an incidence of 0.1-0.6%<sup>19, 20</sup>.

The patient in our case had a history of recurrent symptoms, and there were thousands of stones found, and counted about 18970 stones, sizes ranging from 1mm to 4mm. The patient underwent an uneventful operation.

## CONCLUSION

The relevance of this case report is due to the large number of gallstones (18970) removed from a gallbladder through laparoscopic cholecystectomy. This case is among the highest number of gallstones found.

### Declaration by Authors

**Acknowledgement:** None

**Source of Funding:** None

**Conflict of Interest:** None of the authors declare any personal, professional or business conflict of interest.

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How to cite this article: Abdul Jabbar Mirani, Ali Albaqali, Ahmed Alsaegh, Faten M. Hasan, M. Yasser. M. Abdel Azziz, Georges N. Mezher. Eighteen thousand nine hundred seventy gallstones removed in cholecystectomy: a case report. *Int J Health Sci Res*. 2024; 14(5):275-278. DOI: [10.52403/ijhsr.20240536](https://doi.org/10.52403/ijhsr.20240536)

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