

Emphysematous Cholecystitis

by Herbert L. Fred

An 86-year-old diabetic man complained of progressive abdominal pain of three days' duration. On examination, he was acutely ill with diffuse abdominal tenderness and fever to 103°F. His total leukocyte count was 24,000/cu mm; blood glucose concentration, 600 mg/dL; and urine glucose, 4+. His chest film (Figure 1) showed air beneath the right hemidiaphragm and a faint semi-circular shadow with a gas-fluid level in the region of the gallbladder. A plain abdominal film (Figure 2) demonstrated gas encasing the gallbladder.

After receiving antibiotics and fluids for one day, the patient successfully underwent removal of a distended, gangrenous gallbladder, which contained foul-smelling pus. Culture of the pus yielded *Clostridium fallax* and group D enterococcus. Because no viscus appeared perforated, the cause of the pneumoperitoneum remains conjectural.

COMMENT

In contrast to ordinary cholecystitis, the emphysematous variety has gas in the lumen and/or wall, predominates in men, is less frequently associated with gall-

Herbert L. Fred, M.D., Professor, Department of Internal Medicine, The University of Texas Health Science Center, Houston, Texas.

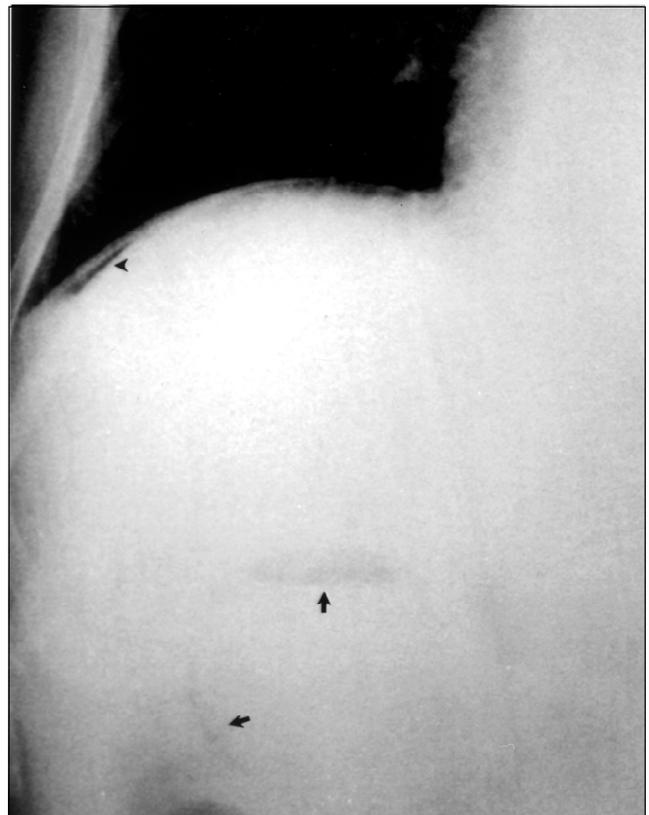


Figure 1. Lower portion of posteroanterior chest film showing air beneath the right hemidiaphragm (arrowhead) and a poorly depicted, semi-circular shadow with a gas-fluid level (arrows).

stones, more often leads to gangrene and perforation of the gallbladder, and is four times as fatal. Nearly half of the victims are diabetic. The gas-forming bacteria usually at fault are clostridial species and *Escherichia coli*. And while antibiotics and intensive supportive care may suffice, most of these patients require cholecystectomy.

One final point. This case occurred before computed tomography and magnetic resonance imaging were available. Yet, the diagnosis was made quickly, correctly, and economically by paying careful attention to plain films of the chest and abdomen. Lest we forget. ■

Practical Gastroenterology

**invites its readers to
share their
PEARLS OF**

GASTROENTEROLOGY

Submissions should be brief (about 200 words maximum). Those accepted for publication may be edited for space and style.

An honorarium of \$25 will be paid upon publication.

Mail your "Pearls of Gastroenterology" to

Practical Gastroenterology

99B Main Street

Westhampton Beach, NY 11978

or fax them to us at (631) 288-4435.

Please include your name, address, affiliations, and telephone and fax numbers.



Figure 2. Spot view of plain abdominal film showing a gas-encased gallbladder.

PRACTICAL GASTROENTEROLOGY

R E P R I N T S

Practical Gastroenterology reprints are valuable, authoritative, and informative. Special rates are available for quantities of 100 or more.

For further details on rates or to place an order:

Practical Gastroenterology

Shugar Publishing

99B Main Street

Westhampton Beach, NY 11978

Phone: 631-288-4404 Fax: 631-288-4435