Chirurgia (Bucur). 2021;116(4):484-491
http://dx.doi.org/10.21614/chirurgia.116.4.484

Residual Gallbladder and Cystic Duct Stump Stone after Cholecystectomy: Laparoscopic Management

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Abstract

Background: Cholecystectomy is the standard treatment for symptomatic gallstones, and the persistence of symptoms after surgery defines postcholecystectomy syndrome. Biliary causes of postcholecystectomy syndrome include subtotal cholecystectomy and remnant cystic duct stump stone; causes that are encountered with a low frequency, but which require diagnosis and provocative treatment. Laparoscopic management of such cases is recommended, but requires well-trained teams in laparoscopic surgery.

Methods: This study is a retrospective analysis of patients who required surgical treatment for residual gallbladder and cystic duct stump stone after a cholecystectomy, hospitalized in the Surgery Department of Constanta County Hospital, who required completion of resection and were operated laparoscopically.

Results: Between January 2010 and March 2020, 14 patients were hospitalized with residual gallbladder and cystic duct stump stone that required surgery. All patients underwent laparoscopic surgery. Symptomatology was dominated by recurrent biliary colic (50%). The period between the primary surgery and the surgery to complete the resection varied between 2-22 years. There were 4 cases of subtotal cholecystectomies, and 10 cases of remnant cystic duct stump stones. Intraoperative complications were encountered in only one case (7.14%), the number of days of hospitalization was on average 3 days. No patient showed any symptoms at 6-month postoperative follow-up.

Conclusions: Postcholecystectomy syndrome is difficult to diagnose, symptomatic patients with remnant cystic duct stump stone/ subtotal cholecystectomy requiring surgery are difficult to manage. Laparoscopic surgery is preferred for the benefits that laparoscopic surgery brings, but requires an experienced surgeon in advanced laparoscopic techniques.

Key words: subtotal cholecystectomy, remnant cystic duct stump stones, cholecystectomy, post-cholecystectomy syndrome