

中文題目：意外發現的膽囊結石

英文題目：Incidental gallstones

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Abstract:

A 91-year-old woman presented with right flank pain for two days. She did not have any fever or dysuria. She denied any recent trauma or fall. The right flank was negative for Murphy punch sign. C-reactive protein was elevated (3.6 mg/dL) but there was no leukocytosis. Urinalysis revealed pyuria and bacteriuria. Patient was treated as acute pyelonephritis with intravenous cefoxitin. Her urine culture yielded *Escherichia. Coli* sensitive to cephalosporin. With computed tomography (CT) of abdomen, the right renal cyst was found to have ruptured but unexpectedly, multiple small roundish calcified gallstones were also seen in the gallbladder (Figures, A and B). Improvement of flank pain was seen after a seven-day course of antibiotic. Out-patient clinic follow-up was unremarkable. Patients with incidental gallstones are recommended for expectant management rather than undertaking prophylactic cholecystectomy since majority of patients will never progress to biliary colic.(1)

Reference

1. Ibrahim M, Sarvepalli S, Morris-Stiff G, et al. Gallstones: Watch and wait, or intervene? Cleveland Clinic journal of medicine. 2018;85(4):323-31.