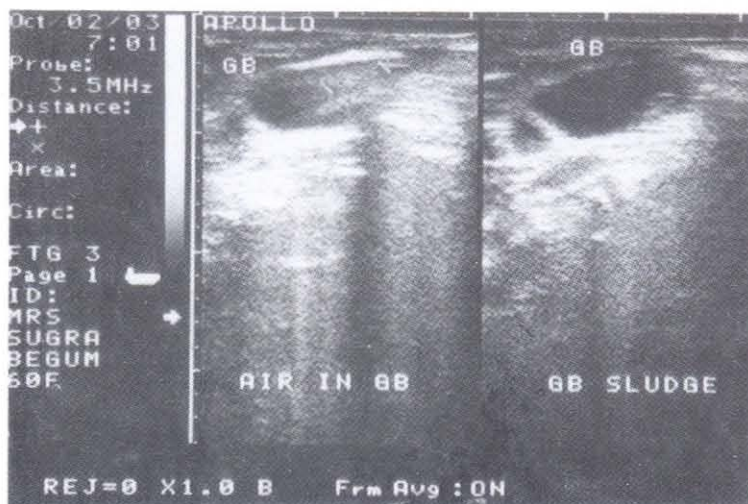




Emphysematous Cholecystitis

Rakesh Mahajan*, Annil Mahajan**



Sonogram of the gall bladder showing intraluminal and intramural gas in a thickened wall with an area of high reverberations. Gall bladder sludge is also seen in this composite picture. This sonogram is of sixty years old non-diabetic female who presented with first episode of acute pain and tenderness in the right hypochondrium and vomiting.

Emphysematous cholecystitis, although described for the first time more than 90 years ago, is a rare form of acute cholecystitis, with fewer than 200 cases reported upto 1996. This is complicated acute cholecystitis caused by gas forming organisms, most commonly *Clostridium perfringens*. This is three to seven times more common in men and about a third of cases occur in the absence of demonstrated gall bladder stones. These patients often are elderly and diabetic. Vascular insufficiency of gallbladder may play a role in the development of emphysematous changes. The risk of perforation is five times higher than that with uncomplicated acute cholecystitis. Sonographic examination reveals air both within the lumen and wall of the gall bladder. High reflective air is seen within a thickened and oedematous gallbladder wall with distal reverberations. Plain radiograph abdomen and CT scan abdomen can also help in diagnosing air within gallbladder lumen and wall of gallbladder.

*Consultant Sonologist, Apollo Diagnostic Centre, Jammu, **Consultant Medicine, Govt. Medical College, Jammu.

Correspondance to : Dr. Rakesh Mahajan, Consultant Sonologist, Apollo Diagnostic Centre, 34-A/C, Gandhi Nagar, Jammu (J&K)