

UNUSUAL CLINICAL PRESENTATION OF BILIARY PERITONITIS: A CASE REPORT AND REVIEW OF LITERATURE

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ABSTRACT

Biliary Peritonitis is the inflammation of the peritoneum due to leakage of the bile into the peritoneum which is rarely seen. The common causes of biliary peritonitis is acute cholecystitis leading to perforation, post cholecystectomy and following trauma to liver. Here we are presenting a case of biliary peritonitis due to traumatic perforation of 2nd part of duodenum.

KEYWORDS

Peritonitis, Biliary, Post Cholecystectomy.

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CASE REPORT

A 62 years male patient presented to emergency with 2 days history of pain abdomen. Pain was sudden in onset and progressive in nature. Pain was initially localized to epigastrium and later diffuse. No history of fever, loose stools.

On examination patient was afebrile, vitals stable, per abdomen-distended with diffuse tenderness. Erect x-ray showed air under diaphragm and ultrasound showed mild to moderate collection. Ultrasound guided aspiration of the same was bilious in nature.

All blood parameters were within normal limits. Patient was posted for emergency laparotomy. Intraoperative around 1 to 1.2 litres of bilious fluid with 1x1 cm perforation was noted at 2nd part of duodenum at ampulla of vater and gangrenous gallbladder. Primary closure of the duodenal perforation along with cholecystectomy was done. HPE report of gallbladder indicated pre-gangrenous changes in the gall bladder. Postoperative period was uneventful and patient was discharged on 20th post-operative day.

DISCUSSION

Extrahepatic perforation of the 2nd part of duodenum in adults is rare.¹ The common causes of biliary peritonitis are acute cholecystitis, post cholecystectomy, HIV infection, severe necrotizing enterocolitis and Hodgkin's lymphoma.

In case of acute biliary peritonitis patient present with features of infective peritonitis and in case of insidious they usually present with painless abdominal distension, jaundice and clay colour stools. The diagnosis of biliary peritonitis is only intraoperative.

Extrahepatic biliary peritonitis aetiology has been localized to gall bladder, common bile duct, common hepatic duct and anomalous ducts of liver.^{2,3}

Management of biliary pancreatitis involves decompression of biliary tree and repair of leak site.⁴ Cholecystectomy, T-tube drainage and ERCP with sphincterotomy and stenting have also proven useful.

CONCLUSION

Spontaneous perforation at 2nd part of duodenum is extremely rare, comparatively common in old age and is difficult to diagnose preoperatively. Awareness of it as a cause of biliary peritonitis can avoid undue delay in its diagnosis and management.

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