中文題目:被顯影的膽囊—病例報告

英文題目: Enhanced Gall Bladder (case report)

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Abstract

We presented a case with vicarious excretion of the contrast medium from gall bladder and transverse colon on a plain abdominal X film after a percutaneous coronary intervention related complication.

Key words: Contrast nephropathy, Vicarious Excretion of Intravenous Contrast Introduction

When contrast medium was administered intravenously, opacification of the urinary tract was anticipated. However, in patients with acute kidney injury or with urinary tract obstruction, contrast medium was excreted from biliary tract and opacify the gall bladder or small intestine.

Case report

An 86-year-old man with past history of hypertension was admitted due to non-ST elevation myocardial infarction. He underwent percutaneous coronary intervention (PCI) and two drug eluting stents were put into left circumflex artery. The patient developed acute lung edema and subacute stent thrombosis 3 days later. Second PCI opened thrombosed left circumflex artery. Because of high on-treatment platelet reactivation, we switched clopidogrel to ticagrelor. In addition, aspirin, heparin and tirofiban were administered. The patient had right upper quadrant abdominal pain, gastrointestinal bleeding, hypovolemic shock and acute kidney injury (serum creatinine elevated from 0.78 mg/dl to 3.38 mg/dl) one day after the procedure. Plain abdomen showed contrast-enhanced gall bladder and duodenum (panel A, black arrow). Non-contrasted abdominal computed tomography demonstrated right renal hematoma, retroperitoneal hemorrhage and vicarious excretion of contrast material by the gallbladder (panel B, C). The patient had multiple organ failure and expired despite aggressive blood resuscitation and inotropic support.

Conclusion

The phenomenon of vicarious excretion of contrast medium in the biliary system usually occurs in patients with contrast medium induced acute renal insufficiency. Although vicarious gallbladder excretion of intravenous contrast is a benign condition, it commonly reflects the underlying renal pathology.

Figure

