## A case report of Double gallbladder and Choledochal cyst in a single patient.

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### Introduction

Double gallbladder and choledochal cyst in a single patient is a rare anomaly. The incidence of Double gallbladder alone is about 1 in 3000-4000 cases where the incidence of choledochal cyst is ranging from 1 in 13,000 persons to 1 in 200,000 persons. There is no known reported case of both anomalies in a single patient.

### Case description

This is a 26 year old male who presented with intermittent right upper quadrant abdominal pain for at least one month associated with nausea and no vomiting. He had no abdominal distention, fever, chills, jaundice, loss of appetite or weight loss. Ultrasound of abdomen revealed duplications of gallbladder. MRCP shows duplication of gallbladder, and Type I choledochal cyst. He has no family history of cancer. He underwent exploratory laparotomy, cholecystectomy, common bile duct resection, and hepaticojejunostomy.

### Discussion

Double gallbladder and choledochal cyst are well described rare clinical entities. Classification system of abnormal anatomic variation of gallbladder was developed by Harlaftis and Boyden. Proposed theories of embryologic development suggest that it develops either as a bifurcation of the cystic primordia or duplication of it. Gallbladder duplication can be classified as a type-I anomaly split primordial gallbladder, where gallbladder can be partially, incomplete or completely split. type-II anomaly, which is the most common, where two separate gallbladders, each with their own cystic duct or a rare type-III anomaly, where triple gallbladders draining by 1-3 separate cystic ducts. In other hand choledochal cyst was classified by Todani into five types based on location and the degree of biliary tract dilation. choledochal cyst are associated with high risk of cholangitis, pancreatitis and cancer development. Surgery is indicated to prevent those complications.

### Conclusion

Knowledge of anatomy and high level of alertness for congenital abnormalities is key for safe surgical operation. Failure to recognize those anomalies are associated with increased operative difficulty and complications.