

Article

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WHEN GALLBLADDER OEDEMA COMES AS A CHRONIC DISEASE – DIAGNOSIS AND TREATMENT

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Abstract

Diagnosis of the gallbladder oedema is difficult during the clinical examination because the clinical signs are not specific for this disease. The causes of this pathology are multiple and can be divided into emergencies (such as anaphylactic shock, right-sided heart failure, pericardial effusion) and chronic pathologies (such as cholecystitis, pancreatitis or immune-mediated hemolytic anemia). Imagistics methods complete the information of the clinical exam and ultrasound is considered the golden standard for diagnosing this pathology. Normally, at the ultrasound exam, the gallbladder has a hyperechoic wall, with a diameter of 2-3 mm; while in case of gallbladder oedema, the wall is thick and has a triple stratification, with 2 hyperechoic rows, separated by a hypoechoic line. This pathognomonic description of the gallbladder oedema is also known as the ‘Halo Sign’ or ‘Double Rim Effect’. Making a correct differential for the appearance of the sign is vital for the outcome of the case. The main focus is to exclude every emergency cause in order to start treating the chronic pathologies. This paper presents the pathologies leading to gallbladder oedema, met at the Radiology and Emergencies Departments from the Faculty of Veterinary Medicine Iasi during the period march 2020 – may 2022. The clinical case presented was diagnosed and treated at the Center of Endoscopy and Minimally Invasive Surgery Bucharest.

Key words: Gallbladder Oedema, Ultrasound, Surgical treatment
