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Hemorrhagic Acalculous Cholecystitis in a Patient with Uremic Pericarditis

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Background: Hemorrhagic acalculous cholecystitis is a rare but potentially fatal disease if detection is delayed. An increased bleeding tendency is present in both acute and chronic renal failure with impaired platelet function. We herein present a case of hemorrhagic acalculous cholecystitis in a hemodialysis patient with uremic pericarditis who suffered from acute abdomen.

Methods: Case presentation : A 50-year-old man with end-stage renal disease as a consequence of chronic glomerulonephritis who started peritoneal dialysis 3 years ago was admitted with chest pain. He had a history of coronary artery disease and had been taking an aspirin and ticagrelor. He performed peritoneal dialysis irregularly because of non-adherence. At the time of admission, he had general weakness, severe azotemia and large exudative pericardial effusion. Drainage of the pericardial effusion by pericardiostomy was performed and intensive hemodialysis without heparin was started on suspicion of uremic pericarditis. His symptoms gradually improved. On day 11 of hospitalization, right upper quadrant abdominal pain developed. Physical examination revealed right upper quadrant tenderness with positive Murphy's sign. Abdominal ultrasound and computed tomography showed that the gallbladder was distended with diffuse wall thickening and was filled with echogenic and hyperdense intraluminal mass without evidence of cholelithiasis. Acalculous cholecystitis was impressed and the antibiotics were administered for 2 weeks. He was placed on a regimen of nothing per os and total parenteral nutrition supplementation. However, recurrent right upper quadrant abdominal pain developed after eating. Laparoscopic cholecystectomy was performed, and hematoma was found to fill the lumen of the gallbladder without showing cholelithiasis. The patient recovered without any surgical complications.

Results: .

Conclusion: In patients with a high risk for bleeding diathesis such as uremia who present with biliary colic, the possibility of hemorrhagic acalculous cholecystitis should be considered.

Keywords: Hemorrhagic acalculous cholecystitis, Uremic pericarditis