

中文題目：瀰漫性水腫性胆囊壁增厚於急性B型肝炎患者的電腦斷層影像：一病例報告

英文題目：CT Imaging of Diffuse Edematous Gallbladder Wall Thickening in a Patient with Acute Hepatitis B: A Case Report

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Background: Diffuse gallbladder wall thickening can result from a broad spectrum of pathological conditions, including surgical and non-surgical diseases, such as acute or chronic cholecystitis, gallbladder carcinoma, liver cirrhosis, hepatitis, pancreatitis and congestive heart failure. The mechanism leading to edema of the gallbladder wall in the systemic diseases is likely due to elevated portal venous pressure and decreased intravascular osmotic pressure.

Case Report: A 37-year-old woman has past history of breast cancer s/p partial mastectomy, chemotherapy, with recurrence under radiotherapy at a local hospital. On Jan. 29, 2013, she presented with 4 days of right upper quadrant pain, accompanied with poor appetite, chest tightness and general malaise. There was no fever, no chills, no vomiting, no diarrhea, no dysuria, and no flank pain. Upon our Emergency Room, physical examination revealed right upper quadrant tenderness without rebounding pain. Abdomen was mildly distended. She was admitted to the intensive care unit with use of inotropic agent due to unstable hemodynamic status. Laboratory data revealed WBC, 6,200/ μ L; hemoglobin, 13.8 g/dL; platelet count, 114,000/ μ L; D-dimer, 2450.4 ng FEU/mL; FDP, 17.7 μ g/mL; albumin, 2.8 g/dL; CRP, 6.6 mg/L; ammonia, 35 μ mol/L; total bilirubin, 1.76 mg/dL; SGOT, 2157 IU/L and SGPT, 3358 IU/L. After admission, follow-up data worsened, such as SGOT/SGPT (3880/4858 IU/L) and total bilirubin (5.13 mg/dL). Abdominal echo showed brightness of liver parenchyma with normal size and smooth surface and thickening gallbladder wall. Abdominal CT revealed contracted gallbladder with edematous wall thickening, suggested of acute hepatitis. Hepatitis markers included anti-HAV IgM (negative), anti-HCV (negative), anti-HBc IgM (Positive), quantitative HBsAg titer (1659.13 IU/mL), anti-HBs (negative), HBeAg (negative), and HBV viral load (78,051 IU/mL), indicating acute hepatitis B infection. The blood cultures showed no growth. Tenofovir 300mg QD was used. As the general condition was stable, she was transferred to ward on Feb. 1, 2013. The symptoms of abdominal pain and poor appetite have subsided. Although still jaundice, she was discharged on Feb. 5, 2013. The liver enzymes and bilirubin were all normalized at follow-up one month later.

Conclusion: We report the CT imaging of contracted gallbladder with diffuse wall thickening in a patient of acute hepatitis B infection. The CT features may be helpful to direct diagnosis of hepatitis for a patient with markedly elevated liver enzymes. Rapid and timely antiviral therapy may achieve a good clinical outcome; however, this issue is still controversial and the duration of antiviral treatment is not established.