**Conclusion**

Ischemic pancolitis should be considered in the differential diagnosis of ischemic colitis, particularly in patients with hypotensive prodrome. Although indications for surgery do not differ from those of segmental ischemia, vigilant examination of the entire colon at laparotomy as well as cautious pre- or intra operative colonoscopy are necessary in order to recognize the diffuse nature of the disease and to initiate appropriate management.

**References**


1- Cardenas A, Chopra S. Chylous ascites. Am J Gastroenterol 2002; 97:1896-900.

2- Hurst P, Edwards J. Chylous ascites and obstructive lymphedema of the small bowel following abdominal radiotherapy. Br J Surg 1979; 66: 780-1.

3- Medina C, Vilaseca J, Videla S, et al. Outcome of patients with ischemic colitis : review of fifty-three cases. Dis Colon Rectum. 2004; 47:180-4.



*Dalenda Arfaoui, Fethi Derbel[1], Alaa Hafsa[2], Salah M'Hamdi[2], Walid Naaja[2], Mohamed Tahar Yacoubi[3], Ridha BelHadj Hmida[1]*

*Service de Gastroentérologie*

*1Service de chirurgie générale,*

*2Service d'anesthésie –réanimation*

*3Service d'anatomopathologie*

*Université de Sousse*


---

## Duplication of gallbladder

Congenital duplication of the gallbladder has been reported as a rare congenital anomaly with an incidence of 1 in 3800-4000 autopsies (1, 2). Preoperative diagnosis and definition of the biliary duct abnormalities is important to prevent inadvertent damage to the biliary system, complicated postoperative course. We report here a case of five years old girl with duplicated gallbladder diagnosed preoperatively and treated.

**Case report**

A five years old girl presented with one year history of jaundice, heapatomegaly splenomegaly and pancytopenia, with the explorations of this haemolytic jaundice concluded to a hereditary spherocytosis. Abdominal ultrasound (figure 1) suggested a double gallbladder with stone. The common hepatic, intrahepatic and extra hepatic biliary ducts had an abnormal calibre, with hepato-splenomegaly. Magnetic resonance cholangiography (figure 2) was done and showed a duplication of gallbladder with stones and a minim dilatation of the common biliary duct without stones. On exploration, there was two gallbladders, one smaller accessory gallbladder was located anterior to the main one (Figure 3). The accessory cystic artery was isolated after careful dissection of Calot's triangle and clips were placed on it. Two cystic ducts (main and accessory cystic ducts) were detected. The duct of accessory gallbladder joined separately with the main cystic duct in the common biliary duct. After division of the cystic duct and vessels, the gallbladders were retracted cephalically, peritoneum was incised and the duplicated gallbladders are dissected from the liver. The per-operative cholangiography (figure 4) confirms the diagnosis and showed double cystic ducts communicating with the common biliary duct without anatomy abnormalities. There were no vascular abnormalities noted. Bicholecystectomy was successfully completed. No drain was used in the patient. The duration of the operation was 50 minutes. The postoperative period was uneventful, and the patient was discharged on the third postoperative day. She was free of symptoms 12 months later. After the operation, the biliary stones were removed. We couldn't find any stone in accessory gallbladder. Histopathology findings showed 2 distinct gallbladders, each measuring respectively 4 and 7 cm in length with normal gallbladder mucosa.

**Figure 1 :** Ultrasound: duplicate gallbladder

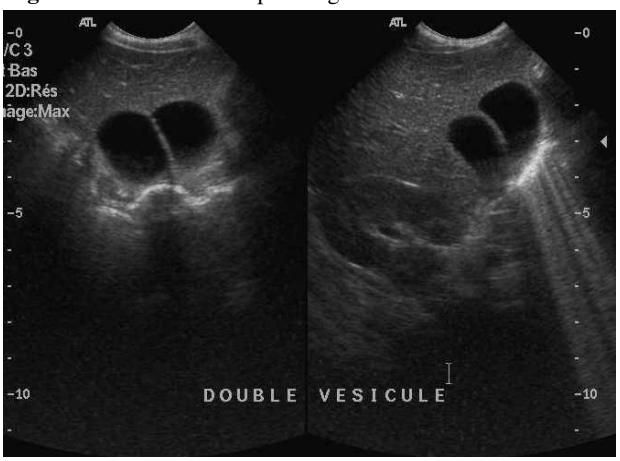



**Figure 2 :** Magnetic resonance cholangiography showed a duplication of gallbladder with a minim dilatation of the common biliary duct without stone.

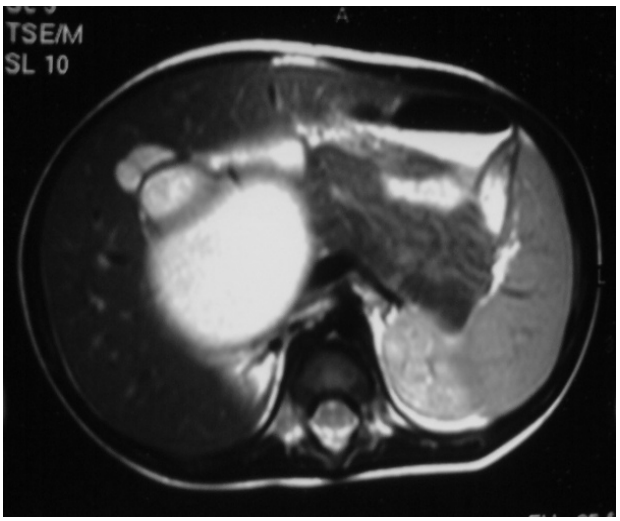


**Figure 3 :** The duct of accessory gallbladder joined separetely with the main cystic duct in the common biliary duct.

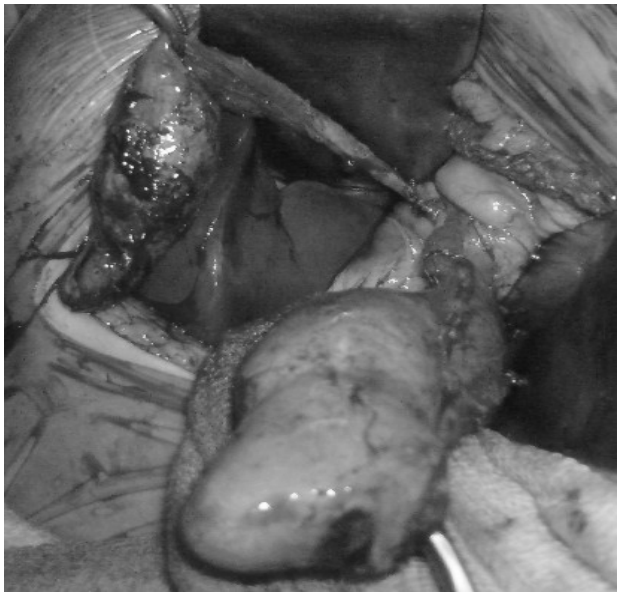
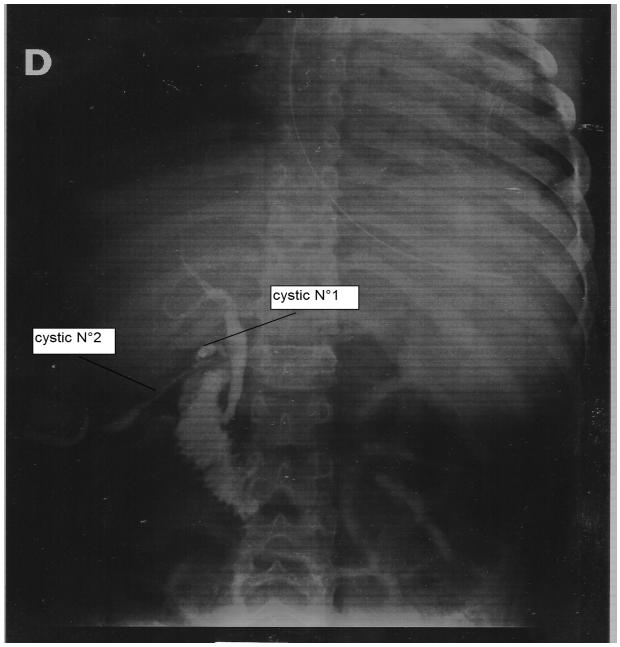


**Figure 4 :** The per-operative cholangiography showed double cystic ducts communicating with the common biliary duct without anatomy abnormalities.




**Conclusion**

The congenital gallbladder duplication is a rare entity. Precise intraoperative recognition of vascular and biliary anatomy including abnormalities is necessary to avoid mistakes during surgery.

**References**

1. Boyden EA: The accessory gallbladder: An embryological and comparative study of aberrant biliary vesicles occurring in man and domestic animals. Am J Anat 1926, 38: 177-231.
2. Hadaffis N, Gray SW. Multiple gallbladders. Sur Gynecol Obstet 1977; 145-928

*Nouira Faouzi, Chouikh Taieb, Louati Hela*, Bellagha Ibtissem*, Chaouachi Beji*
*Unity of paediatric surgery "B", Tunis Children's hospital, Tunisia*
**Radiology department, Tunis Children's hospital, Tunisia*
*Tunis El Manar University*

---

## Bullous dermatosis of haemodialysis: Pseudoporphyria.

The skin changes described in patients with chronic renal failure are diverse. Among them pseudoporphyria (PP) is usually reported. It corresponds to a photo-distributed bullous dermatosis manifesting as blisters and atrophic scars of the skin in the absence of detectable porphyrin elevation (1). The exact mechanism of pseudoporphyria is not clearly established. We report here a new case of pseudoporphyria in a patient undergoing haemodialysis and positive for hepatitis C virus.

**Case report**

A 53 year-old woman with an 8-year-history of chronic renal failure underwent haemodialysis 3 times a week. She had hepatitis C treated by interferon and Ribavirin which were stopped one year ago. When she was referred to our department, she took no treatment, especially no diuretics, but there was a daily ultraviolet exposure as she was living in a rural neighbourhood. She was referred to our department for a 3 month-skin fragility with a recurrent bullous eruption on the face and the dorsum of the hands. Cutaneous examination showed on the dorsum of the hands, multiple vesicles and tense bullae of 3-20 mm in diameter associated with multiple crusted erosions, atrophic scars and multiple milia (Fig.1).

**Figure 1 :** Multiple vesicles and tense bullae associated with multiple crusted erosions, atrophic scars and milia on the dorsum of the hands.