

## AB188. SOH21AS232. A rare case of large bowel obstruction secondary to a gallbladder empyema: a case report

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**Abstract:** Intestinal obstruction accounts for 15% of emergency department visits; caused commonly by adhesion, hernia and tumour. Herein, we report a case of large bowel obstruction secondary to compression from an over distended gallbladder empyema. While a review of the literature supports a significant number of cases of gallbladder aetiology in terms of gallstone ileus and biliary tract carcinomas as obstructive causes, there appears to be a paucity of reports presenting a case such as we describe here. We report the case of gallbladder empyema and distension causing a large bowel obstruction in a 78-year-old woman, who presented to the emergency department of a tertiary hospital with a three-day history of diffuse abdominal pain and constipation associated with nausea and vomiting. Imaging showed an abnormally enlarged gallbladder measuring 14.3 cm × 6.4 cm × 6.4 cm causing displacement and compressing on the large bowel. Given the size of the gallbladder, the patient was initially managed with drainage via a percutaneous cholecystostomy followed by a subsequent cholecystectomy. Large bowel obstruction secondary to direct compression by a distended

gallbladder is exceedingly rare. The authors wish to show how discussion of this case may add to the value of clinical practice in terms of both diagnosis and management, how it may encourage integrated multi-disciplinary care and that it might allow for a clearer protocol to address a clinical picture such as this.

**Keywords:** Gallbladder, empyema, mucocele, large bowel, obstruction

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### Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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