



Misdiagnosed port site retained stone: A rare complication of laparoscopic cholecystectomy

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Clinical Image

Case

62 years old male presented with discharging sinus at the epigastric port site for 6 months which was developed two weeks following laparoscopic cholecystectomy. In last 6 months, he had undergone excision biopsy which was suggestive of epithelioid cells granuloma for which he had taken ATT for two months but got no relief. He had taken many types of empirical antibiotics prescribed by different physicians. Pus culture was done many times which revealed no growth. Ultrasonography showed blind sinus tract without any other significant finding. Intraoperative findings were not present as the patient had been operated another hospital. CECT whole abdomen was not suggestive of any evidence of malignancy. Excision biopsy was

planned under local anesthesia. While doing excision we found that there was approximately 1.5 x 1.5 cm stone that might get retained during extraction of gall bladder through the epigastric port (figures 1 and 2). Post-procedure, the patient responded rapidly and became comfortable within one week.

Here, this finding justifies the use of wound protectors or endo bags for gall bladder extraction during laparoscopic cholecystectomy especially if gall bladder is inflamed or having multiple stones. Additionally, we must confirm the diagnosis before starting antitubercular treatment to avoid unnecessary emergence of resistance.





Figure 1: Stone in epigastric port.



Figure 2: Extracted Stone.