**Remnant Gall Bladder and Cystic Duct Stump Stone After Cholecystectomy; Tertiary Multicenter Experience**

By

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**Abstract**

**Purpose:** There is no doubt that cholecystectomy relieves pre-surgical symptoms of gallbladder (GB) disease. The persistence of symptoms mainly biliary pain was recorded in 10 – 20 % of cases, with variety of causes. Residual GB/cystic duct stump stone is one of the most important un-expected cause. The present study was conducted to study and evaluate those patients, with their surgical treatment.

**Patients and methods:** This retrospective study was conducted on 18 cases with residual GB/cystic duct stump stone. The diagnosis was guided by ultrasound and magnetic resonance cholangio-pancreatography. All the cases were managed by using completion cholecystectomy − either open or laparoscopic. All preoperative, operative, and postoperative data were collected.

**Results:** Preoperative endoscopic retrograde cholangio-pancreatography and papillotomy were required in eight cases that presented with obstructive jaundice. Open completion cholecystectomy techniques were done in the majority of cases (19 patients) while laparoscopic approach was feasible in only 5 cases with one conversion (1/5). The mean operative time was 127±31.3 min and the mean blood loss was 165±74.5ml. Intraoperative minor biliary injury occurred in one case. The mean hospital stay was 3.1±1.8 days (1–9 days). All patients were reported to be symptom-free at the follow-up after surgical treatment.

**Conclusion:** Residual GB/cystic duct stump stone is a preventable and correctable cause of post-cholecystectomy complaint. Completion cholecystectomy is a proven treatment of choice to relieve symptoms and avoid complications, and, furthermore, it can be carried out laparoscopically.

**Keywords:** cystic duct stump stone, endoscopic retrograde cholangio-pancreatography, gall stone, post-cholecystectomy problems