

## Septate Gall Bladder

The reported incidence of Gall bladder anomalies is 0.1%(1). Septate Gall bladders have rarely been documented. Most of these reports have been post mortem(2). We report a patient with a septate gall bladder imaged by ultrasound and endoscopic retrograde cholangiopancreatogram (ERCP), who presented at 5 years of age with hepatitis A virus infection.

A 5-year-old girl child was admitted with complaints of fever, nonbilious vomiting and anorexia. The child weighed 15.5 Kg and the height was 91 cm. On examination she had no dysmorphic features, moderate dehydration, pallor, icterus and a tender hepatomegaly of 3 cm. On investigation, the hemoglobin was 9.8 g/dl and total leukocyte count 14,500 cells/cu mm. Total bilirubin was 3.6 mg/dl with a direct fraction of 1.9 mg/dl, SGPT 272 IU/L, SGOT 198IU/L and alkaline phosphatase 338IU/L. Serum was positive for anti HAV IgM. The child received replacement fluids and electrolytes. An ultrasound of the abdomen was done two days later for persistent right hypochondrial pain and increased direct bilirubin of 3 mg/dl. It showed an enlarged liver with normal echotexture. The gall bladder was normal in size with a septum in between the body and fundus. This was confirmed by an endoscopic retrograde

cholangiopancreatography (ERCP) (*Fig. 1*) which showed a normal papilla, pancreatic and hepatic ducts. The gall bladder was single and normally located with an incomplete septum. The child recovered in two weeks.



*Fig. 1. Showing single septate gall bladder.*

Septae in the gall bladder develop due to incomplete resolution from the solid state of the embryological gall bladder sac, the pars cystical(1) Septate gall bladders are rarely reported, as they are usually asymptomatic and are found as a part of an evaluation for jaundice(2) or rarely as a cause for recurrent abdominal pain(3) It has also been reported in fetal ultrasound scans(4) No surgical intervention is needed for single septa Multiple septae with persistent cholestatic jaundice may need surgical correction(5).

**Rajiv Chandra Mathur,  
Nitin Chandra Mathur,  
D. Nageshwar Reddy\*,  
G.V. Rao\*,**

**Youraj Chandra Mathur,**  
*Department of Pediatrics,  
CDR Hospital for Children, Hyderabad  
and Department  
of Gastroenterology,  
Medinova Diagnostic Services, Hyderabad.*

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