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STONE IDENTIFIED IN LUSCHKA'S CONDUIT DURING LAPAROSCOPIC CHOLECYSTECTOMY SURGERY: A CASE REPORT

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ABSTRACT

This article describes a case of cholecystectomy for the treatment of cholelithiasis, during which Luschka's duct, a rare anatomical variation, was identified. The patient, with symptoms of abdominal pain and nausea, underwent surgery and, intraoperatively, a stone was found in the duct, which was removed without complications. The discussion emphasizes that while cholecystectomy is common, it is essential to recognize anatomical variations, such as Luschka's duct, that can cause complications if left unidentified. Duct removal was successful, and histopathological evaluation of the material is important, as its morphological characteristics may vary.

Keywords: Calculus. Cholecystectomy. Anatomy. Luschka conduit. Anatomical Variation.

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INTRODUCTION

The present article aims to describe a cholecystectomy due to cholelithiasis with intraoperative detection of Luschka's duct. This procedure is one of the most common complications in digestive system surgery; To do so, it is necessary to understand the usual anatomy of the biliary tree and the possible related anatomical variations. Cholelithiasis results from the precipitation of cholesterol granules or bile salts, related to metabolic, hereditary and organic factors, such as flow stasis or obstruction of the conduits.

CASE REPORT

We present the case of a 24-year-old female patient who presented pain in the dorsal region, at the level of the epigastrium, with band irradiation, in addition to nausea and vomiting for 1 year. In December 2022, a total abdomen ultrasound was performed that showed the presence of cholelithiasis. In January 2023, the patient presented with worsening of the condition, with emesis and nausea, which led to an elective laparoscopic cholecystectomy.

During the surgical procedure, when the triangle of Calot's was visualized, an anatomical variation called Luschka's Conduit was identified, which drained directly from the hepatic hilum towards the gallbladder. An incision was made in the conduit and a gallstone was found inside it, with bile secretion. Due to the location of the conduit, it was decided to remove the Luschka conduit, which occurred without complications. During cholecystectomy, there were no other operative complications.

The patient was discharged from the hospital on the 1st postoperative day in good clinical condition. The return to the doctor's office occurred 1 month after the surgical procedure, with no complaints, with good evolution and adequate healing of the incisions.

DISCUSSION

Although cholecystectomy for the treatment of cholelithiasis is a widely used surgical intervention, the literature6 emphasizes that the potential for biliary complications should be recognized, either by iatrogenic measures or by injury to previously unidentified structures4, often because they are part of the patient's anatomical variations. In the present case, the presence of gallstones in the subvesical canal of Luschka was observed intraoperatively, and it is considered a thin bile duct that drains into the right bile duct or common duct, which is absent in the majority of the population3,5. In individuals who

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present this variation, the conduit usually has an average diameter and length of 2 and 35 mm, respectively, that is, the size allows the precipitation of stones inside it. Although uncommon, Luschka's conduit is of great clinical importance3, since if bile leaks from its interior, there will be numerous complications associated with the need for a new operation. In cholecystectomy, when the incision is very close to the gallbladder wall, there is less risk of abrupt rupture of the conduit, however, in most situations the diagnosis is made only intraoperatively. During the incision of the conduit in the case reported, despite the unexpected existence of the conduit itself, added to the presence of gallstones and bile secretion inside, there was no leakage and the conduit could be properly removed, unlike what occurs in a significant part of the cases. After removal, the material should be sent for histopathological evaluation in order to characterize its morphological aspect, which tends to be quite varied, ranging from ductal, cystic and even nodular complexes, resembling biliary adenomas2 .

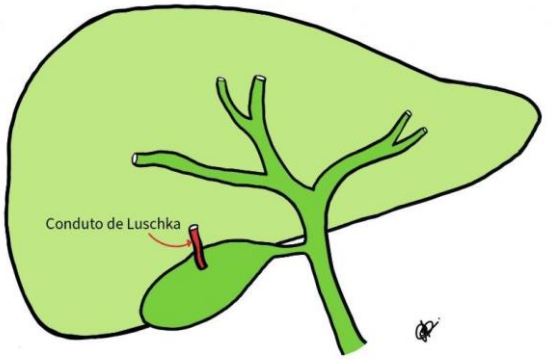

Imagem ilustrativa da variação anatômica
Fonte: Autores, 2023

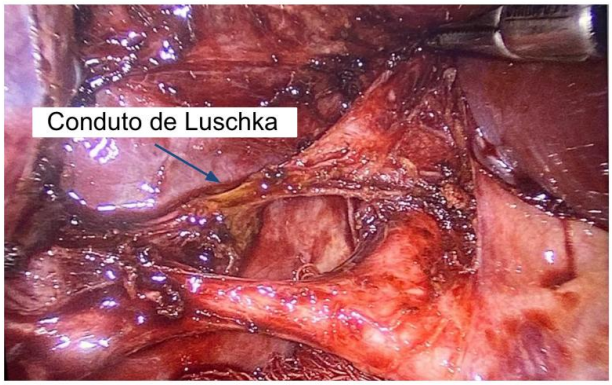

Imagem realizada durante o procedimento
Fonte: Autores, 2023

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