

## CASE REPORT

# Should We Excise the Ectopic Liver Tissue Associated with the Gallbladder Encountered during Laparoscopic Cholecystectomy? Case Report

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## ABSTRACT

There is no consensus regarding the clinical management of hepatic choristoma, which is a rare condition during cholecystectomy surgeries. Data regarding the increased risk of malignancy are questioned. In our case, we added a new case to this discussion.

**Keywords:** Case report, Ectopic liver tissue, Gallbladder, Hepatic choristoma.

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## BACKGROUND

Choristoma means the presence of normal cells or tissues in abnormal localizations. The clinic of these tissues is usually insignificant, but depending on their appearance, they can be confused with malignant masses.<sup>1</sup> Ectopic liver, diaphragm, hepatic ligaments, omentum, stomach, adrenal glands, pancreas, spleen, esophagus, and umbilical cord can be found in intra, extra, and retroperitoneal regions such as retroperitoneum and thorax, but the gallbladder is the most common site.<sup>2</sup> In this paper, we will present a case of hepatic choristoma, which was discovered incidentally during elective laparoscopic cholecystectomy and did not require resection.

## CASE DESCRIPTION

A 44-year-old female patient was admitted to our clinic 2 months after her acute cholecystitis attack and treatment. The patient's physical examination was normal, and laboratory analyses were normal. There was no finding in favor of choristoma in the patient with cholelithiasis in his radiological imaging. Intraoperatively, incidentally, there was an ectopic liver tissue of approximately 15 × 5 mm in size, originating from the liver on the left side of the gallbladder and attached to the serosa of the gallbladder (Fig. 1). Standard laparoscopic cholecystectomy was completed without disconnecting the hepatic choristoma from the liver. Postoperative follow-up of the patient was uneventful. The histopathological findings were chronic cholecystitis and cholelithiasis.

## DISCUSSION

Hepatic choristomas are a rare condition that is usually encountered incidentally during abdominal surgery. Most hepatic choristomas are asymptomatic; rarely, they can be symptomatic.<sup>3</sup> Ectopic tissue is usually attached to the serosa of the gallbladder or within its wall. If the ectopic liver receives its blood supply from the liver parenchyma, resection may prolong bleeding and operative time, as it may cause uncontrollable bleeding during resection. Previous studies have reported increased malignancy due to vascular nutrition and biliary drainage of the choristoma.<sup>4,5</sup>

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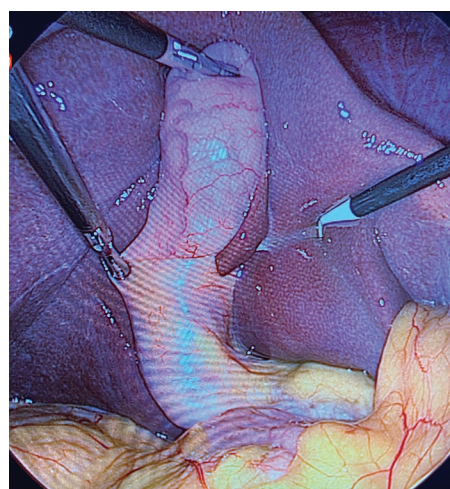


Fig. 1: Hepatic choristoma

In recent studies, it has been determined that these choristomas do not have any findings in favor of increased malignancy.<sup>6</sup> Since the risk of malignancy is not high, we did not resect the

choristoma in order not to prolong the operation time and not cause complications.

### Clinical Significance

The thought that the risk of malignancy is greatly increased in hepatic choristoma should not lead us to major resections and major surgical procedures. We think it is very valuable to give the surgeon the right to make choices on a case-by-case basis.

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