

Incidental Adenomyomatosis of Gallbladder With Renal Cell Carcinoma

Ezemonye Madu, DO, MPH
David Weltman, MD

From the Department of Radiology at Stony Brook University Hospital in New York (Dr Madu) and the Department of Radiology at the Brookhaven Memorial Hospital Medical Center in Patchogue, New York (Dr Weltman).

Financial Disclosures:
None reported.

Support: None reported.

Address correspondence to Ezemonye Madu, DO, MPH, Stony Brook University Hospital, 101 Nicolls Rd, Suite 120, Stony Brook, NY 11794-0001.

E-mail:
emadu4@gmail.com

Submitted
May 9, 2015; revision
received May 26, 2015;
accepted June 1, 2015.

A 58-year-old man with a history of renal cell carcinoma and hypertension presented to the emergency department with shortness of breath and abdominal pain. On examination, his heart rate was 99/min, respiration rate was 24/min, and oxygen saturation while breathing room air was 90%. He had abdominal distension and bilateral pitting edema of the leg. An abdominal ultrasonogram showed heterogeneous shrunken liver, ascites, and mildly distended gallbladder containing sludge, with echogenic foci showing comet-tail artifacts from a sagittal view (image A, arrow) and a transverse view (image B, arrow). These features are consistent with adenomyomatosis. The patient was treated for acute respiratory distress, ascites, and other comorbidities associated with stage IV renal cell carcinoma. A week after admission, the patient's acute symptoms resolved and he was discharged to subacute rehabilitation with outpatient follow-up.

Adenomyomatosis of the gallbladder is a common hyperplastic cholesterosis. It arises from gallbladder tissue proliferation, wall thick-

ening, and mucosal out-pouches.¹⁻³ Cholesterol within these out-pouches was responsible for the echogenic foci with comet-tail artifacts. Although gallbladder adenomyomatosis is usually not clinically significant, physicians should be aware of gallbladder adenomyomatosis to avoid unnecessary cholecystectomies, which may occur if the condition is misdiagnosed as emphysematous cholecystitis, cholelithiasis, or gallbladder carcinoma.^{2,3} (doi:10.7556/jaoa.2016.016)

References

1. Haradome H, Ichikawa T, Sou H, et al. The pearl necklace sign: an imaging sign of adenomyomatosis of the gallbladder at MR cholangiopancreatograph. *Radiology*. 2003; 277(1):80-88. doi:10.1148/radiol.2271011378.
2. Bang SH, Lee JY, Woo H, et al. Differentiating between adenomyomatosis and gallbladder cancer: revisiting a comparative study of high-resolution ultrasound, multidetector CT and MR imaging. *Korean J Radiol*. 2014;15(2):226-234. doi:10.3348/kjr.2014.15.2.226.
3. Eid M, Abdelgawad MS, El-Sirafy M. Role of multidetector CT (MDCT) in differentiation between adenomyomatosis and gallbladder cancer. *Egypt J Radiol Nucl Med*. 2012;43(1):93-97. doi:10.1016/j.ejnm.2011.12.007.

© 2016 American Osteopathic Association

