

ASYMPTOMATIC CHOLELITHIASIS, POLYCYTHEMIA AND HYPERBILIRUBINEMIA

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ABSTRACT

Gall stone or cholelithiasis is a common gastrointestinal problem. It is usually related to hyperlipidemia or hemolytic anemia. Here, the author presents an interesting case of asymptomatic cholelithiasis seen in patient with polycythemia and has hyperbilirubinemia.

KEYWORDS: Asymptomatic, Cholelithiasis, Polycythemia, Hyperbilirubinemia.

INTRODUCTION

Gall stone or cholelithiasis is a common gastrointestinal problem. It is usually related to hyperlipidemia [1] or hemolytic anemia [2]. Here, the author presents an interesting case of asymptomatic cholelithiasis seen in patient with polycythemia and has hyperbilirubinemia.

CASE REPORT

The patient is a 43 years old Thai male who have routine annual upper abdominal ultrasound check up and the finding of two gall

stones is observed (Figure 1). This case is a known case of polycythemia (background hemoglobin level about 17 g/L). The patient also had indirect hyperbilirubinemia (direct bilirubin-0.57 mg/dL, indirect bilirubin = 0.83 mg/dL). His reticulocyte count was normal.

DISCUSSION

Gall stone might be a possible hepatobiliary complication in the patients with hemolytic anemia.



Figure 1. Upper abdomen ultrasonography showing gall stones

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The cases of thalassemia and hemoglobinopathy are the good examples. The high pigment load in those patients is believed to be the important pathogenesis. Nevertheless, the uncommon cause of non-hemolytic anemia induced pigment load is reported in the present case. The patient with underlying polycythemia has no hemolytic anemic problem but there are many red cells and red cell destruction comparing to normal people. In this patient, the biliary stone might be the explanation for high direct hyperbilirubinemia. The patient in this report also has indirect hyperbilirubinemia. The indirect hyperbilirubinemia can confirm the problem of increased red cell destruction and can be a good explanation for occurrence of gall stones in this patient. Indeed, the obesity is

also mentioned as a cause of secondary polycythemia as well as gall stone [3] but the present patient is not obese.

CONFLICT OF INTEREST: None

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