



National Board of Examinations - Journal of Medical Sciences
Volume 4, Issue 1, Pages 115–117, January 2026
DOI 10.61770/NBEJMS.2026.v01.i01.013

IMAGES IN SURGERY

Laparoscopic View of Gallbladder Calculi with Multiple Liver Cysts

Kaushik Bhattacharya,^{1,*} Gurbir Singh,² Raunak Sinha² and Punardeep Singh²

¹Associate Professor, Department of Surgery, Mata Gujri Memorial Medical College and LSK Hospital, Kishanganj - 855107, Bihar, India

²Postgraduate Student, Department of Surgery, Mata Gujri Memorial Medical College and LSK Hospital, Kishanganj - 855107, Bihar, India

Accepted: 11-November-2025 / Published Online: 5-January-2026

Abstract

Liver cyst discovered during incidental laparoscopic cholecystectomy causes concern for the operating surgeon as it hampers the post placement and may cause the operating field to be messy if it gets ruptured inadvertently during the procedure. A careful dissection is required in such a case.

Keywords: Liver cyst, Laparoscopic Cholecystectomy, Cyst rupture

*Corresponding Author: Kaushik Bhattacharya
Email: kbhattacharya10@yahoo.com

A 34-year-old lady patient undergoing elective laparoscopic cholecystectomy was found to have multiple cysts in the Segment 4b and Segment 6 of the liver, which were not diagnosed before in the preoperative ultrasound (Figure 1 and 2). Cyst makes the surgery slow as the surgeon has to negotiate the gallbladder and perform laparoscopic cholecystectomy preferably without accidental rupture of the cyst either during the port placement or during gall bladder removal, as the operating field may become messy if the cyst ruptures. Though the cyst can be excised or laparoscopic fenestration (unroofing) can be done, the hepatic cyst

causes an impediment and a mental barrier for the operating surgeon. The usual incidence is **3% and 18%**, but no correlation with laparoscopic cholecystectomy has been seen [1]. Literature recommends that any intraoperative intervention of liver cyst should have a mortality below 1%, overall morbidity less than 10% and recurrence rate below 10%. Liver cysts > 10 cm in diameter are more likely to cause compression-related symptoms. The only exception is polycystic liver disease, which has a higher recurrence rate after marsupialization than simple cysts [2].

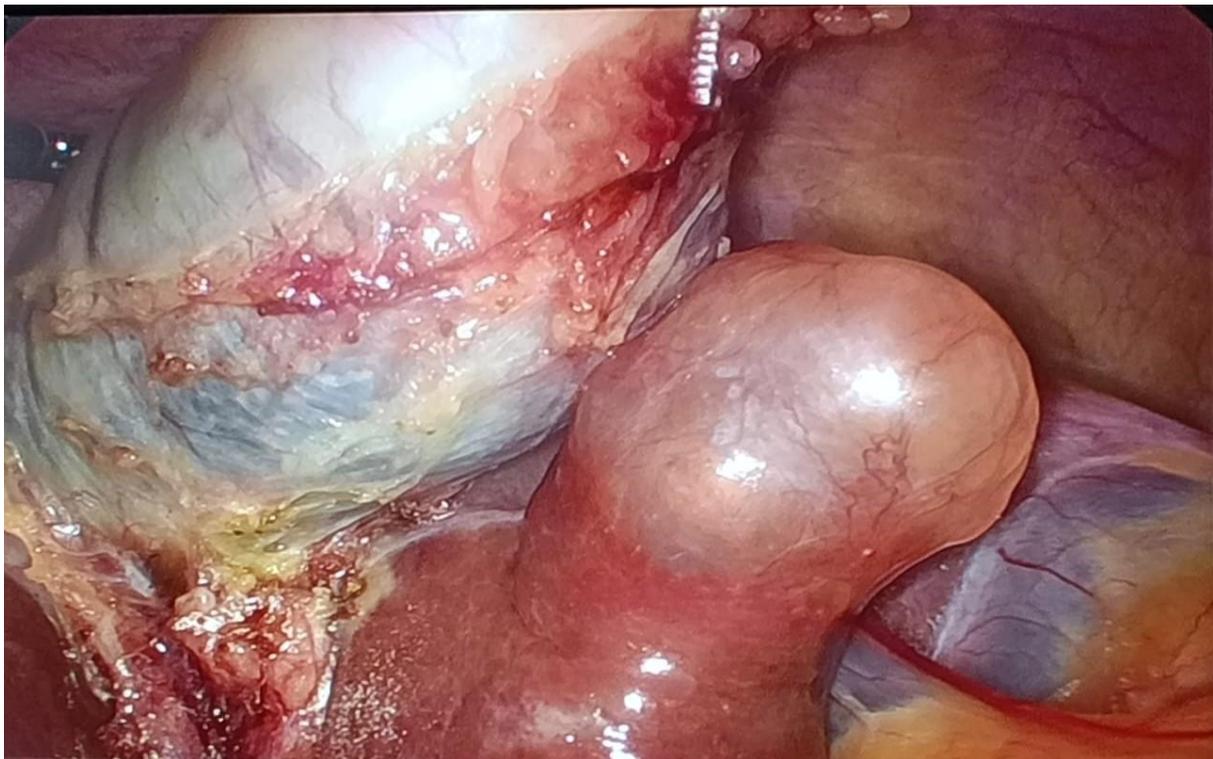


Figure 1. Liver cyst obscuring Calot's triangle during Laparoscopic cholecystectomy

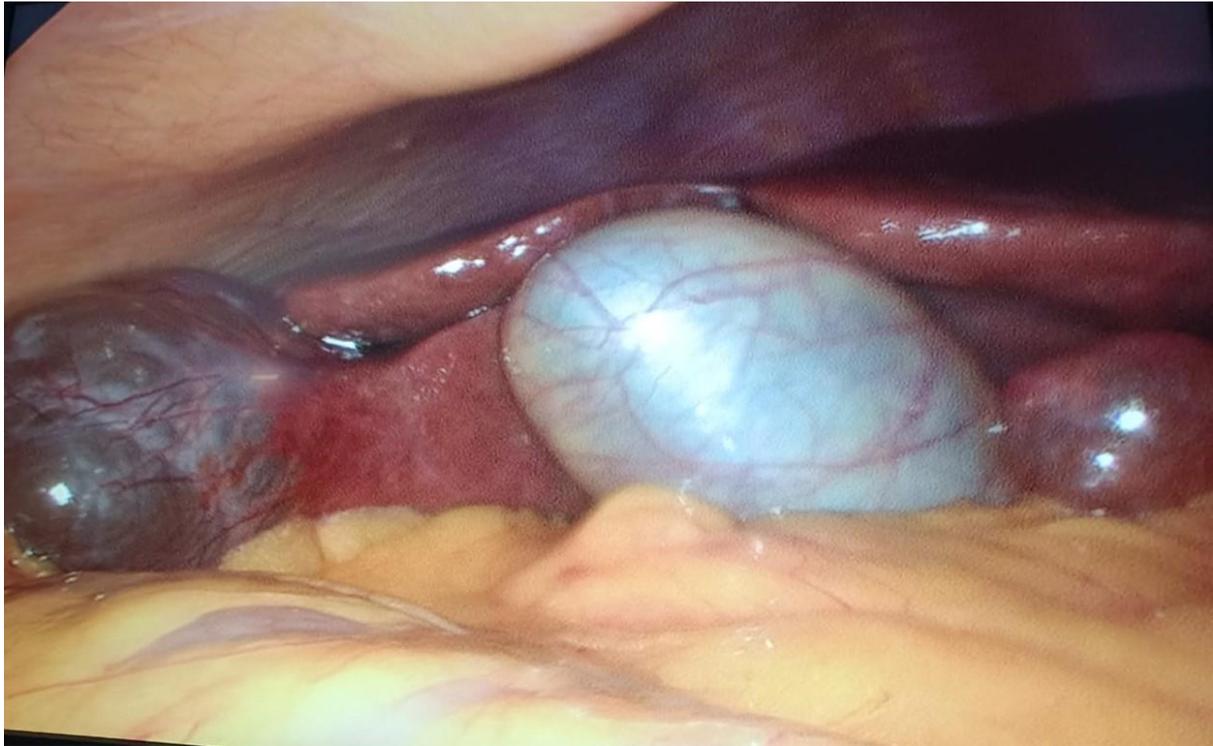


Figure 2. Liver cyst hampering axillary port placement

References

1. Dahdouh P, Gilyard SM, Nien YD, Robinson MW. Managing Hepatic Cysts in the Setting of Surgery for Cholecystitis. *Cureus*. 2025;17:e81054. doi: 10.7759/cureus.81054 .
2. Shah PC. Narrative review of laparoscopic management of hepatic cysts. *Laparosc Surg* 2021;5:19 <http://dx.doi.org/10.21037>