

Chapter Connection

7th Issue - July 2009

Chapter Board 2009-2011 - Dr I. Swaminathan, A/Prof Cheah Wei Keat, Dr Chia Kok Hoong, Dr Chan Hsiang Sui, A/Prof Pierce Chow, A/Prof Jimmy So, Dr Vijayan Appasamy and Dr Tan Kok Yang

Chapter Connection is a newsletter specially brought to you by the Chapter of General Surgeons under the purview of the College of Surgeons, Singapore. The Board of the Chapter of General Surgeons is well represented with members from different institutions and this would mean that you could find the latest happenings of the general surgery community of these institutions in this newsletter. This newsletter is published quarterly and will be distributed to the Members of the Chapter of General Surgeons. On the goodwill of the Chapter Board, this quarterly newsletter will also be distributed at no cost to the Trainees and Fellows of General Surgery in various public hospitals.

Message from Chapter Chairman

Dear surgical colleagues,

It is a time of great uncertainty and change. From the economic uncertainty of the financial crisis to the medical uncertainty of the H1N1 Influenza A, there are many situations in which we are not sure exactly how things will pan out. Therefore we are uncertain how to react. What is certain, however, is that we will eventually overcome these, and life will return to normal. At times like these, it is important to look back and take stock. The past often contains little lessons from which we can take a leaf, so as to be able to react.

I will therefore be talking to some senior surgeons to gain some insight into how they coped in difficult situations, and run these as a series of interviews. Do let me know if you would like to hear from someone you look up to.

The exit exams are round the corner, and our exit exam preparatory course will be run from 30 June to 4 July 2009, just in time. We hope to see continuing good participation, to maintain the success of this programme. Please support your College – this is for you, the surgical trainee! I also take this opportunity to wish all exiting trainees the very best in their exams. Hope to welcome you into the fold soon.

We have news for basic and advanced surgical trainees - as you may have heard, changes are on the way. We may switch to the American model of Residency training. As your representatives, we would like to hear your views. Please feel free to post your opinions to the Chapter of General Surgeons, College of Surgeons Singapore at css@ams.edu.sg so that we can gather feedback.

Warm regards,
Dr Swaminathan I.
Chairman, Chapter of General Surgeons
College of Surgeons, Singapore



**Wishing everyone
Happy Holidays on:**

**9-10 Aug 2009 – National Day
20-21 Sept 2009 – Hari Raya Puasa**





News/Articles Contribution & Enquiries:

College Secretariat
College of Surgeons, Singapore
81 Kim Keat Road, #11-00 NKF Centre
Singapore 328836

Tel: 65937807 Fax: 65937860

Email: css@ams.edu.sg Website: www.css.edu.sg

Contribution of any interesting news & articles from Chapter Members are welcome for consideration to publish in *Chapter Connection*.

Snapshots



Surgeons prepare for the world's first loopendectomy.
Objective: Remove that part of the brain that plays the same snippet of music over and over and over.

Events & Activities of Chapter of General Surgeons for 2009

Exit Examination Preparatory Course 2009 for Advanced Surgical Trainees in General Surgery

30 June to 4 July 2009

Hosted by

Alexandra Hospital, National University Hospital, Singapore General Hospital and Tan Tock Seng Hospital

Highlights

Subspecialty Lecture Series, Clinical Discussions, Mock VIVA and the "Surgeons-cum-Trainees Night"

College of Surgeons Dinner 2009

7 August 2009

Traders Hotel, Singapore

Highlights

Hosting of Presidents of Fraternal Overseas Surgical Colleges
Academic Procession
College Lectureships and Awards
Ample Networking Opportunities Amongst Surgical Disciplines
**Registration details coming soon*

43rd Singapore-Malaysia Congress of Medicine

6-8 August 2009

Grand Copthorne Waterfront Hotel

- Challenging Issues in Chest Surgery Session
- Improving Cancer Cure Session
- Increasing Success in Transplant Session

**Please visit <http://43smcm.com/index.html> for more congress information.*

NEWS FLASH!

We are pleased to inform that Dr Chia Kok Hoong has left Tan Tock Seng Hospital and has set-up his own private practice at Mount Elizabeth Medical Centre with effect from 1 July 2009.

Erosive Cholelithiasis – A Rare Cause of Hemobilia

Co-Authored by: Ek Khoon Tan¹, Glenn Wei Leong Tan¹, Daniel En Shen Wong², Kok Hoong Chia¹

¹Department of General Surgery, Tan Tock Seng Hospital, Singapore

²Department of Diagnostic Radiology, Tan Tock Seng Hospital, Singapore

ABSTRACT

Hemobilia is an uncommon cause of occult gastro-intestinal bleeding and an even rarer complication of cholelithiasis. Hemobilia itself is mostly associated with recent hepato-biliary intervention. However, here we present a gentleman with a seemingly innocuous asymptomatic gallstone that had eroded into the cystic artery, resulting in hematemesis and melena. He was subsequently treated with angio-embolisation and open cholecystectomy. Despite its rarity, erosive cholelithiasis should be included as part of counseling as a potential complication in all patients with asymptomatic cholelithiasis.

CASE REPORT

A 92 year-old Chinese gentleman who underwent a Hartmann's procedure one month prior for sigmoid adenocarcinoma returned with symptoms of abdominal pain and melena. He was previously discharged with omeprazole and did not consume any NSAIDs, anti-platelet agents or Traditional Chinese medication. Clinically, he was anicteric and pale, with large amounts of melanic stools seen in the stoma bag. His hemoglobin (Hb) on admission was 7.2g/dL (R13-17g/dL). The initial impression was an upper bleeding gastro-intestinal tract (UBGIT). An urgent gastroscopy found moderate amounts of coffee-ground material but no active bleeding was seen. The mucosa was also partly obscured by the presence of semi-solid food particles. A repeat gastroscopy and colonoscopy the next day showed multiple erosions in the gastric fundus; no lesions were seen in the colon. Unexpectedly, he vomited large amounts of fresh blood upon returning to the ward while further plans were made to evaluate the small bowel. An emergent mesenteric angiogram demonstrated an arterial bleed in the right hypochondrium (Image 1) that was localized to the cystic artery, the first inferior branch of the right hepatic artery (Image 2). The hemorrhage was successfully arrested with 5 micro-embolic coils (Vortex 4mm x2, 3mm x3) (Image 3). Ultra-sonography showed a normal-walled gallbladder with an echogenic mass within suggestive of a blood clot (Image 4). An open cholecystectomy was performed, with findings of a single gallstone amid focal ulceration and denudation of the gallbladder mucosa. Histology was negative for malignancy.

DISCUSSION

Hemobilia is an uncommon cause of UBGIT that is classically described by a triad of jaundice, right hypochondrium pain and hematemesis[1]. Unfortunately less than 22 percent of patients present with the said triad[2]. This may be suspected when a blood clot or blood is seen oozing out from the ampulla of Vater during gastroscopy, but this occurrence is seen in only less than 12 percent of endoscopies[3]. Currently, the gold standard for diagnosis remains via angiography. Causes of hemobilia are mostly iatrogenic: after recent liver biopsy, percutaneous biliary drainage, cholecystectomy or other instrumentation to the hepato-biliary system. These form 65 percent of cases, emphasizing the importance of a good clinical history. Other causes include those inflammatory-related, such as cholelithiasis, hemorrhagic cholecystitis or cholangitis, parasitic infection and vasculitis (13%); coagulopathic states and vascular malformations (9%); malignancy (7%); and trauma (6%)[2].

For our patient who had no prior hepato-biliary intervention, no cystic artery pseudoaneurysm was evident during angiography and ultra-sonography did not suggest cholecystitis. Histology did not yield malignant cells. Hence we postulate the underlying etiology is erosive gallstone disease. This is a rare complication of cholelithiasis[4, 5], with the innocuous stone eroding into the cystic artery. Despite its rarity, this should be considered as a possible source of haemorrhage in the patient with obscure gastrointestinal bleeding of unknown origin in the presence of cholelithiasis.

REFERENCES

1. Bloechle C., Izbicki J.R., Rashed M.Y., et al. Hemobilia: presentation, diagnosis, and management. *Am J Gastroenterol*, 1994. **89**(9): p. 1537-40.
2. Green M.H., Duell R.M., Johnson C.D., et al. Haemobilia. *Br J Surg*, 2001. **88**(6): p. 773-86.
3. Yoshida J., Donahue P.E. and Nyhus L.M. Hemobilia: review of recent experience with a worldwide problem. *Am J Gastroenterol*, 1987. **82**(5): p. 448-53.
4. Shramek J.K., Cooper S.G. and Wickremesinghe P.C. Massive hemobilia resulting from gallstone erosion of the cystic artery: percutaneous transcatheter embolization as a temporizing measure--case report. *J Vasc Interv Radiol*, 1993. **4**(3): p. 373-5.
5. Ritz J.P., Germer C.T. and Buhr H.J. [Hemobilia in cholecystolithiasis as a rare cause of massive upper gastrointestinal hemorrhage]. *Chirurg*, 1997. **68**(1): p. 87-9.

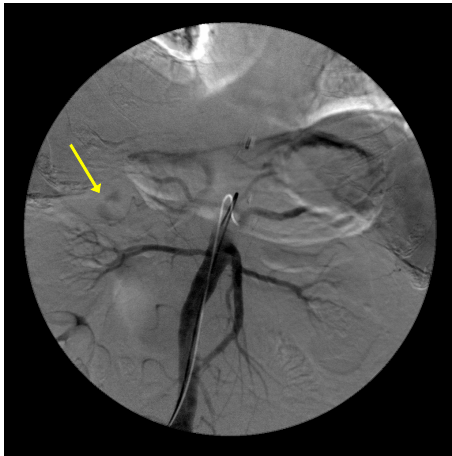


Image 1
Aortogram showing Superior Mesenteric Artery and Coeliac axis. Bleeding noted over right hypochondrium (Arrow).



Image 2
Proper hepatic artery. Bleeding localized to first inferior branch of right hepatic artery.



Image 3
Post-angioembolisation



Image 4
Ultrasound showing echogenic mass within the gallbladder.

😊 **A Note of Thanks to Dr Chia Kok Hoong for contributing this article.**

Contribution of any interesting news & articles from Chapter Members are welcome for consideration to publish in this quarterly newsletter. Please send it to the College Secretariat at css@ams.edu.sg.

**A Newsletter brought to you by the Chapter of General Surgeons, College of Surgeons, Singapore.
All rights reserved. Permit No. MICA (P) 232/03/2008**