

# Courvoisier gallbladder

Raúl Carrillo-Esper,\* Jorge Raúl Carrillo-Córdova,\*\* Luis Daniel Carrillo-Córdova\*\*

## Resumen

Courvoisier concluyó con base en sus observaciones que una vesícula biliar palpable y no dolorosa en un enfermo icterico era signo de obstrucción maligna. Describimos el caso de un enfermo con dilatación vesicular secundaria a la obstrucción del colédoco por un cáncer de páncreas.

**Palabras clave.** Vesícula de Courvoisier. Cáncer de páncreas.

## Abstract

Courvoisier's observations concluded that a palpable and painless gallbladder in a patient with jaundice is a sign of malignant obstruction. We describe a patient with an enlarged gallbladder as a result obstruction of the common bile duct due to pancreatic cancer.

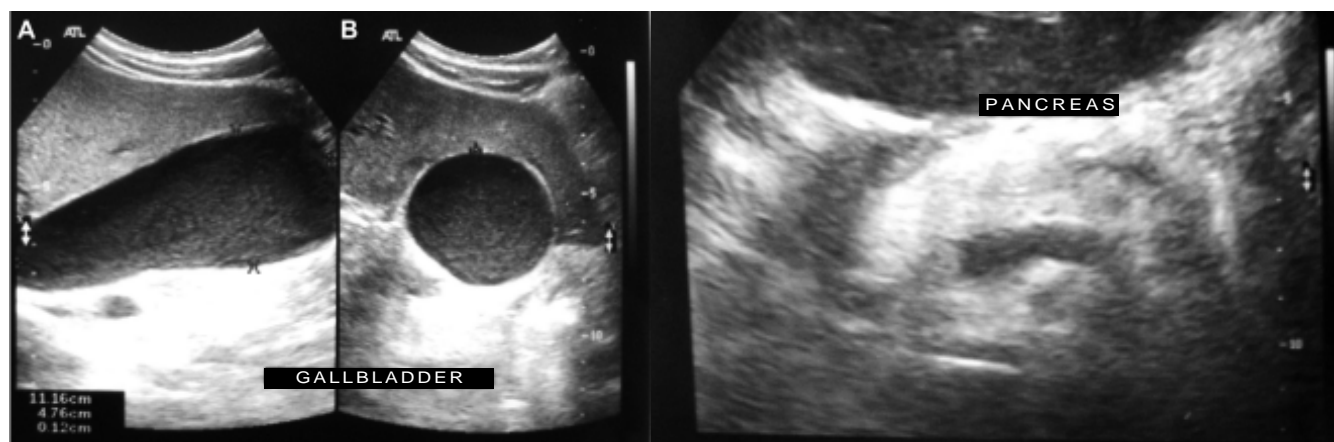
**Key words.** Courvoisier gallbladder. Pancreatic cancer.

## CLINICAL CASE

A 58 year old man with one month history of generalized weakness, malaise, decreased appetite, generalized pruritus, jaundice, coluria and 8 kg lost. The abdomen flat and soft, the liver edge was palpable 4 cm below the right subcostal margin. The gallbladder was enlarged, soft and nontender. An abdominal ultrasound showed dilated intra

and extrahepatic biliar ducts and gallbladder distension and an undefined mass in the pancreas (Figure 1). A CT shows dilated intrahepatic and common bile ducts and enlarged gallbladder and homogeneous enlarged head of pancreas (Figure 2).

Ludwig Georg Courvoisier was born in Basle, Switzerland in 1843 dying at the age of 75 years old (Figure 3). He developed the operation of cholecystectomy and



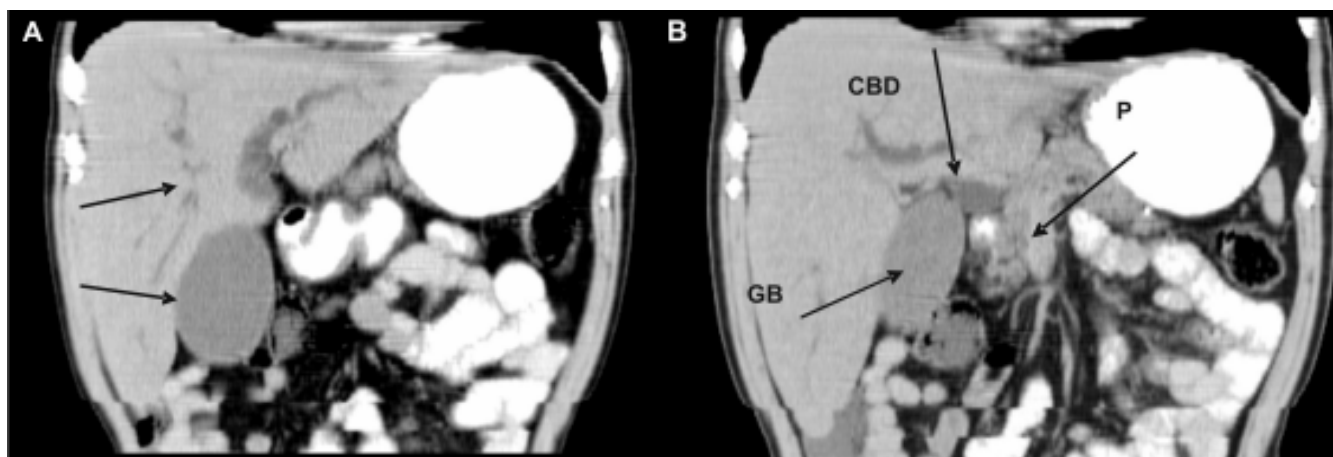
**Figure 1.** A. US showing gallbladder enlargement with thin wall. B. US showing hyperechoic mass in pancreas head.

\* Unidad de Terapia Intensiva, Fundación Clínica Médica Sur. \*\*Facultad de Medicina. Grupo NUCE, UNAM.

### Correspondence:

**Dr. Raúl Carrillo-Esper**

Unidad de Terapia Intensiva, Fundación Clínica Médica Sur. Puente de Piedra, Núm.150. Col. Toriello Guerra.  
Tel.: 5424-7200. Correo electrónico: rcarrillo@medicasur.org.mx



**Figure 2.** A. CT showing gallbladder enlargement and bile duct dilatation (arrow). B. CT showing gallbladder enlargement (GB), dilated common bile duct (CBD) and pancreatic head mass (P).



**Figure 3.** Professor Ludwig Georg Courvoisier (1843-1918).

was one of the first surgeons to remove a stone from the common bile duct. In 1890, he described his observation that patients with painless jaundice and a palpable gallbladder often have a malignant obstruction of the common bile duct and the jaundice is unlikely to be due a stone this is known as Courvoisier's law. He described 187 cases of common bile duct obstruction, observing that gallbladder dilatation seldom occurred with stone obstruction of the bile duct. This was first proposed by him in his book *The pathology and surgery of the gallbladder*. Louis-Felix Terrier (1837-1908) was a French surgeon. He described a syndrome termed the Courvoisier syndrome, defined as obstructive jaundice, distension of gallbladder and a clay-colored faeces indicating obstruction by a tumor of the Vater's ampulla.<sup>1-3</sup>

#### REFERENCES

1. Parmar MS. Courvoisier's Law. *CMAJ* 2003; 168: 876-7.
2. Chung RS. Pathogenesis of the Courvoisier gallbladder. *Dig Dis Sci* 1983; 28: 33-8.
3. Fitzgerald JE, White MJ, Lobo DN. Courvoisier's Gallbladder: Law or Sign? *World J Surg* 2009; 33: 886-91.