



Image of the Month

Porcelain gallbladder and thalassaemia intermedia: Association or coincidence?

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Fig. 1.

A 55-year-old woman was referred to our centre for the management of non-healing ulcer of the left leg. She also reported recent onset of exertional breathlessness. Clinical examination revealed chronic venous ulcer over the left leg, pallor, features of congestive cardiac failure and hepatosplenomegaly. Haematological examination revealed microcytic anaemia with a haemoglobin level of 5.3 g/dL. Bone marrow examination revealed erythroid hyperplasia and serum ferritin was markedly elevated (4739 μ g/L; normal:



Fig. 2.

4–200 μ g/L). Haemoglobin electrophoresis revealed elevated foetal haemoglobin (HbF: 27.90%; normal: <1%) with a normal level of HbA2 suggesting thalassaemia intermedia. Abdominal radiography showed calcification in the right upper quadrant (Fig. 1). Abdominal ultrasound and contrast enhanced computed tomography showed cholelithiasis with porcelain gallbladder (Fig. 2). The patient was treated with transfusions of packed red blood cells, intravenous antibiotics, and daily dressing of the ulcer. Following this treatment she improved and thereafter has been referred to haematology and general surgery; elective cholecystectomy is scheduled.

Porcelain gallbladder is a rare chronic disease of the gallbladder and is due to mural calcification [1]. Thalassaemia intermedia is more frequently complicated by pigmented gallstones than thalassaemia major because of chronic haemolysis. However, occurrence of porcelain gallbladder is unusual in thalassaemia intermedia and the pathogenesis of this co-occurrence is unclear.

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Reference

- [1] Palermo M, Núñez M, Duza GE, et al. Porcelain gallbladder: a clinical case and a review of the literature. *Cirugía Española* 2011;89:213–7.

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