Biliary Hyperkinesia: A Potentially Overlooked Source of Abdominal Pain Following Bariatric Surgery

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INTRODUCTION

- Following gastric bypass surgery, up to 30% of patients will visit the ED or require hospital admission due to complaints of abdominal pain.
- Cholelithiasis is the most frequent etiology in cases of recurrent RUQ pain due to the association between rapid weight loss and gallstone formation.
- **Biliary Hyperkinesia should be considered a possible etiology in cases where cholelithiasis and other classic etiologies of abdominal pain can be ruled out.**

BACKGROUND

- Biliary Hyperkinesia is defined in the literature as a GBEF above 65%-90% on CCK-HIDA.
- It is commonly overlooked in practice as many radiologists tend to report GBEF values in this range as normal.
- Cholecystectomy has been described as therapeutic in literature for pain caused by biliary hyperkinesia.

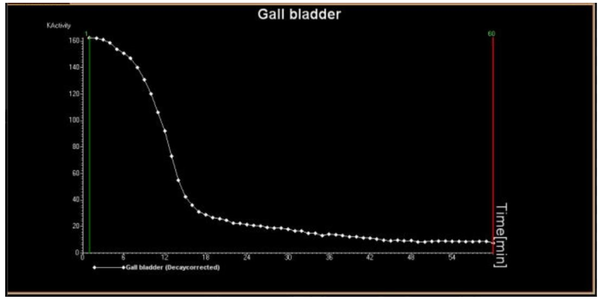
CASES

- We present a case of **3 patients** (1, 2, 3) who underwent bariatric surgery prior to presenting with upper quadrant abdominal pain. Each patient was evaluated with a RUQUS without abnormalities. CCK-HIDA scan was reportedly normal, however with GBEF all above 95%. Each patient then underwent laparoscopic cholecystectomy, with pathology showing chronic acalculous cholecystitis, and resolution of their abdominal pain.

Patient	Age	Surgery	Initial Presentation Post Op	Ejection Fraction	Time until Cholecystectomy
1	47	Roux-En-Y	10 months	95.3%	4 months
2	37	Gastric Sleeve	25 months	98.0%	8 months
3	37	Gastric band to gastric sleeve to Roux-En-Y	24 months (from Roux-En-Y)	95.0%	5 months

CONCLUSION

- **We suggest that CCK-HIDA scan should be included in the diagnostic algorithm of post-bariatric surgery abdominal pain, and findings of biliary hyperkinesia, regardless of the presence of gallstones, should warrant a cholecystectomy.**



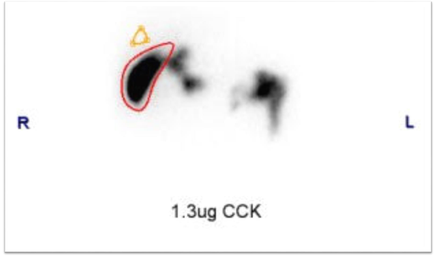


Fig. 1: HIDA scan from Patient 1

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