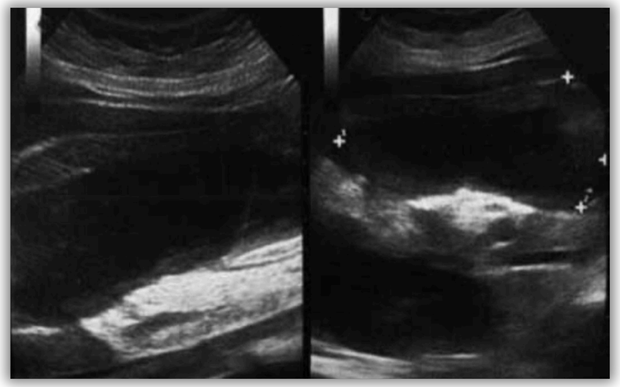
LAPAROSCOPIC MANAGEMENT OF ABDOMINAL WALL FOREIGN BODY GRANULOMA WITH LIVER INVOLVEMENT SECONDARY TO CHOLECYSTECTOMY: A CASE REPORT

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Introduction

Cholecystectomy is one of the most frequently performed surgical procedures. Although it is generally considered a safe surgery, postoperative complications may arise such as **bile duct injuries**, **surgical site infections**, and **chronic collections** associated with **residual foreign bodies**.



Methods:

We present the case of a 40-year-old female patient with a history of laparoscopic **cholecystectomy** performed **7 years ago**. The patient consulted for a long-standing history of an indurated lesion with **production of foul-smelling fluid** for which she had been treated with antibiotic therapy without improvement and the lesion persisted. Imaging studies were performed with the discovery of an inflammatory lesion affecting the hepatic dome and the abdominal wall. Given these findings, it was decided to perform a laparoscopic approach with revision of the abdominal cavity for **drainage of the collection** and management of **possible foreign body granuloma.**

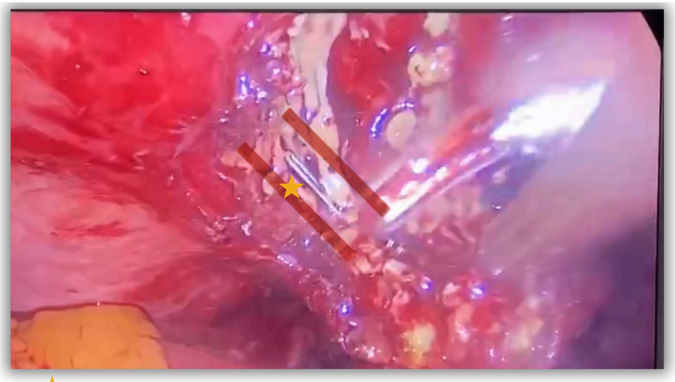
Results:

The patient was taken to a laparoscopic approach with **release of severe adhesion syndrome above the right hepatic lobes**, a **granuloma was identified in the abdominal wall identifying metal clips**. The patient had an adequate postoperative evolution with tolerance of diet, antibiotic treatment guided by microbiological isolation and continuous outpatient follow-up was given, in the 6-month follow-up the patient was asymptomatic.

Conclusions:

Foreign body granulomas after surgical procedures turn out to be a disabling entity for patients due to the symptoms they generate, so surgical management with minimally invasive techniques turns out to be an efficient option for the resolution of this entity.





★ Metal clips

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