

## Ovarian Cholelithiasis: Chronic Pelvic Pain 9 Years After Cholecystectomy

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Figure 1



Figure 2

### Clinical Image

A 45-year-old woman, gravida 3, para 3, presented to the gynecologist with a 2-year history of abnormal uterine bleeding and pelvic pain. As a result, she underwent a total abdominal hysterectomy, in which 11 multifaceted brown calculus adherent to the right ovary by dense fibrous tissue (Figure 1) and 20 calculus encased in the pouch of Douglas (Figure 2) were identified. An additional unilateral salpingo-oophorectomy and removal of all identified gallstones were also performed. Her past medical history was significant for an elective laparoscopic cholecystectomy performed 9 years earlier, in the course of which intraperitoneal spillage of several gallstones had occurred.

Laparoscopic cholecystectomy is the gold standard treatment for symptomatic cholelithiasis. Gallbladder perforation with bile and gallstones spillage into the peritoneal cavity is a relatively common event occurring during this procedure. Rare but nevertheless noteworthy complications from these lost stones have been reported as they migrate and became adherent to the dependent portions of the pelvis, including to the ovaries, potentially resulting in intraperitoneal abscesses, foreign body granulomas, adhesions, chronic pelvic pain or infertility. The occurring complications may go unnoticed for a long time after the initial operation and can be a diagnostic challenge, supporting the importance of retrieve as many inadvertently spilled gallstones as possible at the time of cholecystectomy.