

**Image of the month****Peritoneal Carcinomatosis and Courvoisier Gallbladder<sup>☆</sup>****Carcinomatosis peritoneal y vesícula de Courvoisier**

**Ismael Mora-Guzmán,<sup>a,\*</sup> José Luis Muñoz de Nova,<sup>a</sup> Paloma Largo Flores,<sup>b</sup> Jesús Delgado Valdueza<sup>a</sup>**

<sup>a</sup> Servicio de Cirugía General y del Aparato Digestivo, Hospital Universitario de La Princesa, Madrid, Spain

<sup>b</sup> Servicio de Radiodiagnóstico, Hospital Universitario de La Princesa, Madrid, Spain

**Fig. 1**

A 72-year-old female patient who had undergone total gastrectomy 78 months earlier due to gastric adenocarcinoma T<sub>2</sub>N<sub>2</sub>M<sub>0</sub> came to the emergency room with symptoms of pain in the right hypochondrium, nausea and decreased bowel transit. Upon examination, she presented a distended abdomen with multiple masses, especially a palpable, although not painful, gallbladder with notable cholestasis.

A computed tomography scan showed peritoneal carcinomatosis with an implant at the angle of Treitz (Fig. 1A), which caused retrograde dilatation of the duodenum, main pancreatic duct, bile duct and gallbladder (Courvoisier sign) (Fig. 1B). Given these findings, it was decided to initiate palliative symptomatic treatment.

\* Please cite this article as: Mora-Guzmán I, Muñoz de Nova JL, Largo Flores P, Delgado Valdueza J. Carcinomatosis peritoneal y vesícula de Courvoisier. Cir Esp. 2016;94:179.

<sup>☆</sup> Corresponding author.

E-mail address: [moraguzman.dr@gmail.com](mailto:moraguzman.dr@gmail.com) (I. Mora-Guzmán).