

The Wrong Side: A Rare Case of Wandering Liver in a 78-Year-Old Man

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Case Report

A 78-year-old man was hospitalized with acute cholecystitis and choledocholithiasis. Abdominal CT confirmed gallstones in the biliary tract with normal position of the liver and gallbladder (Figure 1). Laboratory work-up revealed total bilirubin 2.3 mg/dL, direct bilirubin 2.2 mg/dL, alkaline phosphatase 394 μ L, serum glutamic oxaloacetic transaminase (SGOT) 1,869 μ L, and serum glutamic pyruvic transaminase (SGPT) 742 μ L. MRI cholangiopancreatography revealed liver and gallbladder on the left side, with pancreas, duodenum, and spleen in normal anatomical position (Figure 2). The liver pedicle was distorted, with dilated common bile duct (CBD) lying parallel to the pancreatic duct. Laparoscopic cholecystectomy and ERCP was performed for cholecystitis and choledocholithiasis, respectively. The position of liver changed from the right side to the left side of the abdomen, with the bile duct parallel to the pancreatic duct during cholecystectomy and ERCP.

Wandering liver, also called *hepar ambulans*, *hepatoptosis*, *hepatic ectopia*, and *hepatocolonic vagrancy*, is a rare entity where the liver moves freely from the right side of abdomen to the left.^{1,2} It is caused by abnormalities of hepatic fixation that can lead to hepatic pedicle torsion or bowel obstruction.¹ Evolution in imaging techniques coupled with frequent use of imaging studies has led to increased identification of this unusual condition.^{1,2} Most cases are diagnosed incidentally in the younger population, either preoperatively or on imaging studies. Preventive selective hepatectomy may be considered to prevent future complications of colonic obstruction or volvulus, but is generally not required.¹ Wandering liver is usually associated with wandering gallbladder and gallbladder torsion requiring laparoscopic cholecystectomy, as in our patient. No maneuver was employed to reposition the liver. However, repeat CT after the procedure and 1 week later showed liver in the normal right-sided position. The patient made a full recovery after the procedure and was discharged home 9 days after admission.

Disclosures

Author contributions: D. Sagar wrote the manuscript and is the article guarantor. H. Hertan edited the manuscript.

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Figure 1. Longitudinal and cross-sectional abdominal CT showing gallstones in the biliary tract with normal position of the liver and gallbladder.

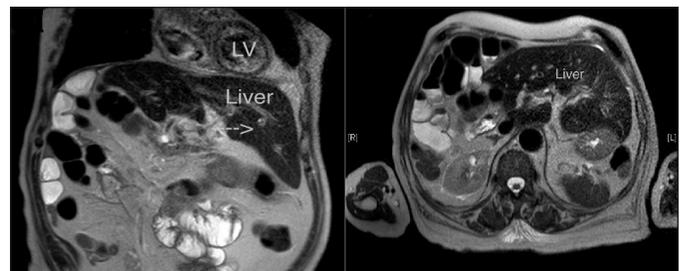


Figure 2. Longitudinal and cross-sectional MRI showing the liver and gallbladder on the left side, with pancreas, duodenum, and spleen in a normal anatomical position.

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Informed consent was obtained for this case report.

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