

33 y/o female with epigastric abdominal pain

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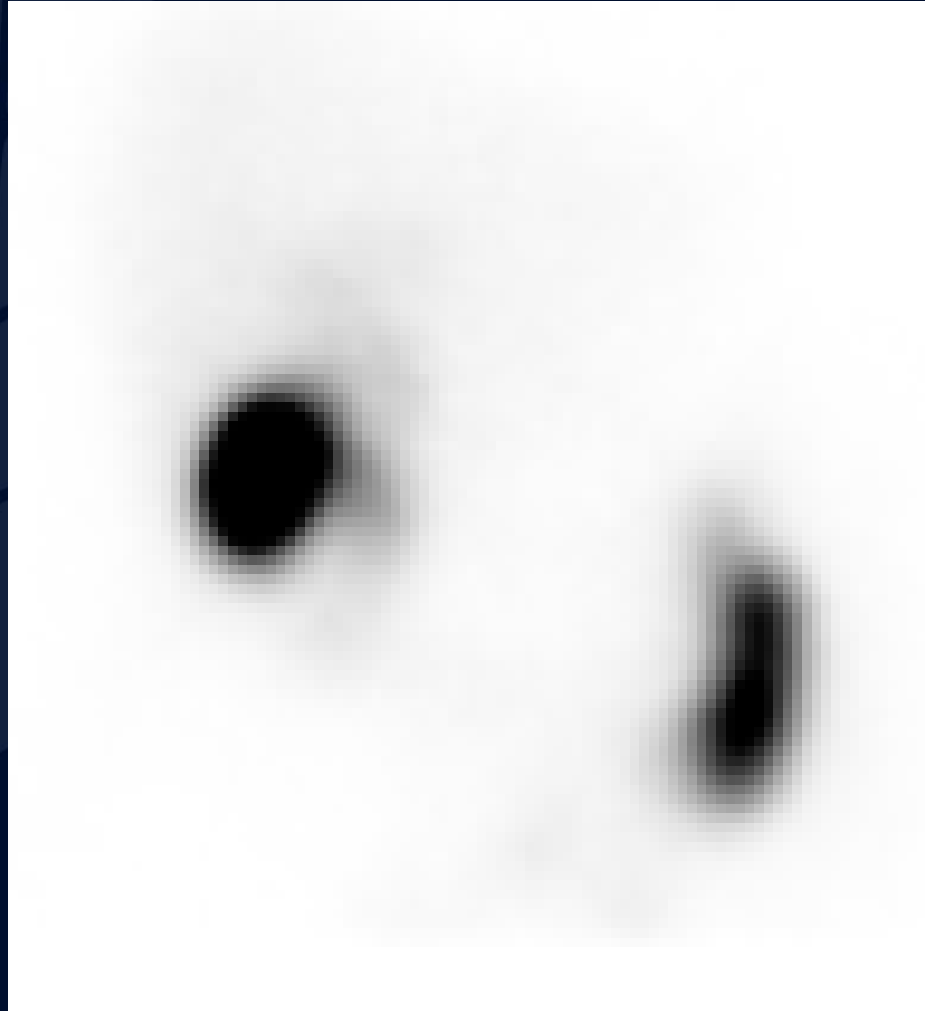
Biliary scintigraphy at 15 min s/p radiotracer injection



Biliary scintigraphy at 39 min s/p radiotracer injection



Biliary scintigraphy at 60 min s/p radiotracer injection



Biliary scintigraphy at 60 min s/p CCK infusion



A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

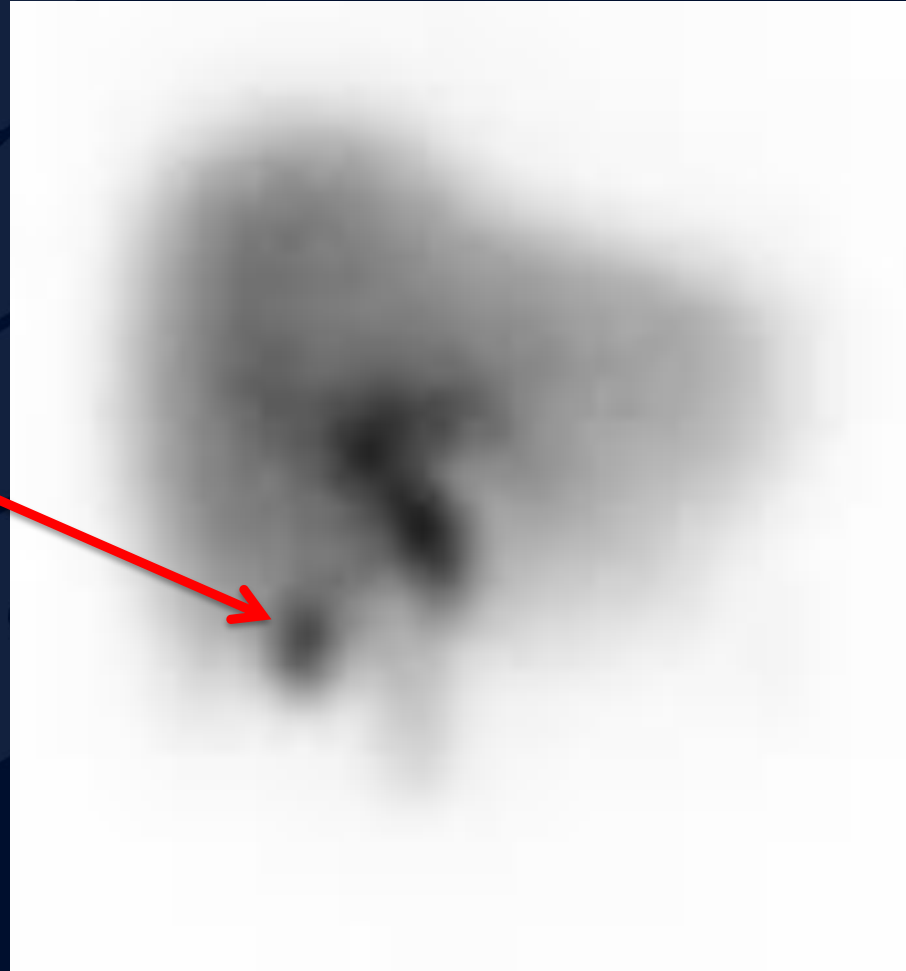
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The background of the slide features a dark blue, stylized illustration of oak leaves on the left side, extending towards the center. The leaves are layered and have a textured, vein-like appearance.

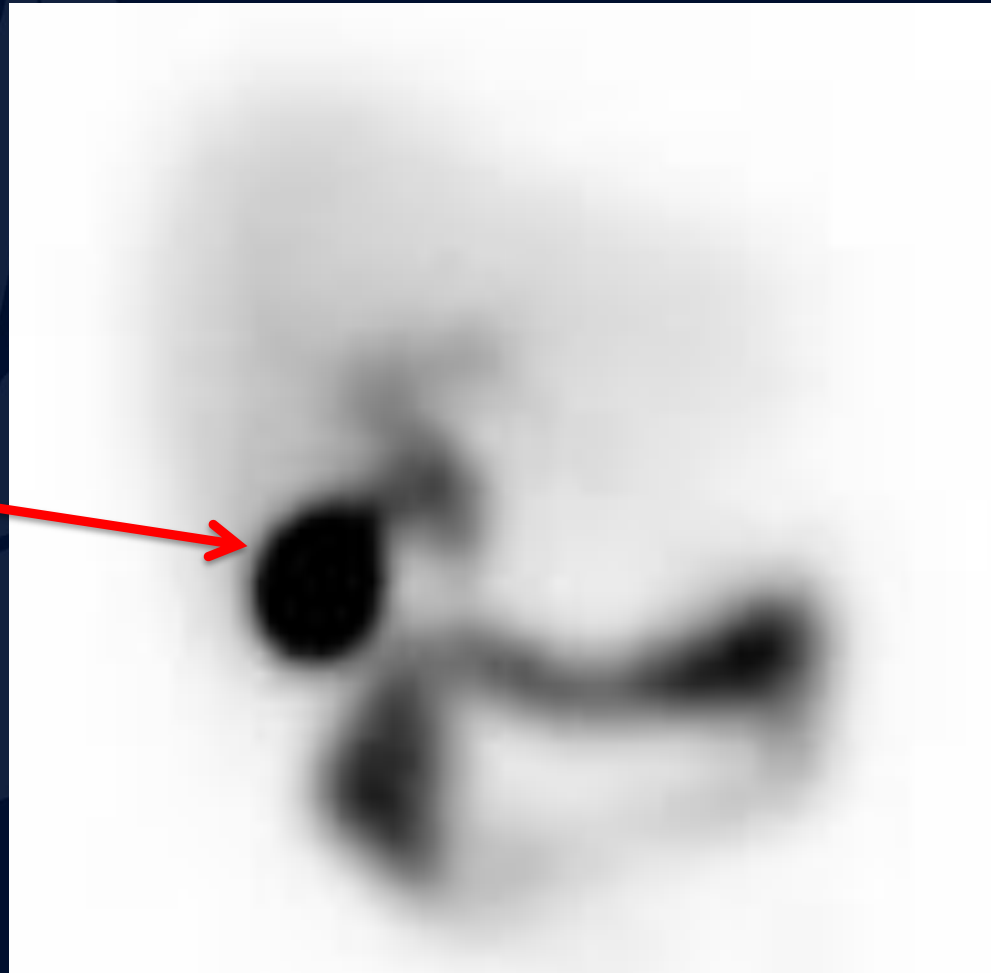
Biliary Dyskinesia

Biliary scintigraphy at 15 min s/p radiotracer injection

Gallbladder initially visualized

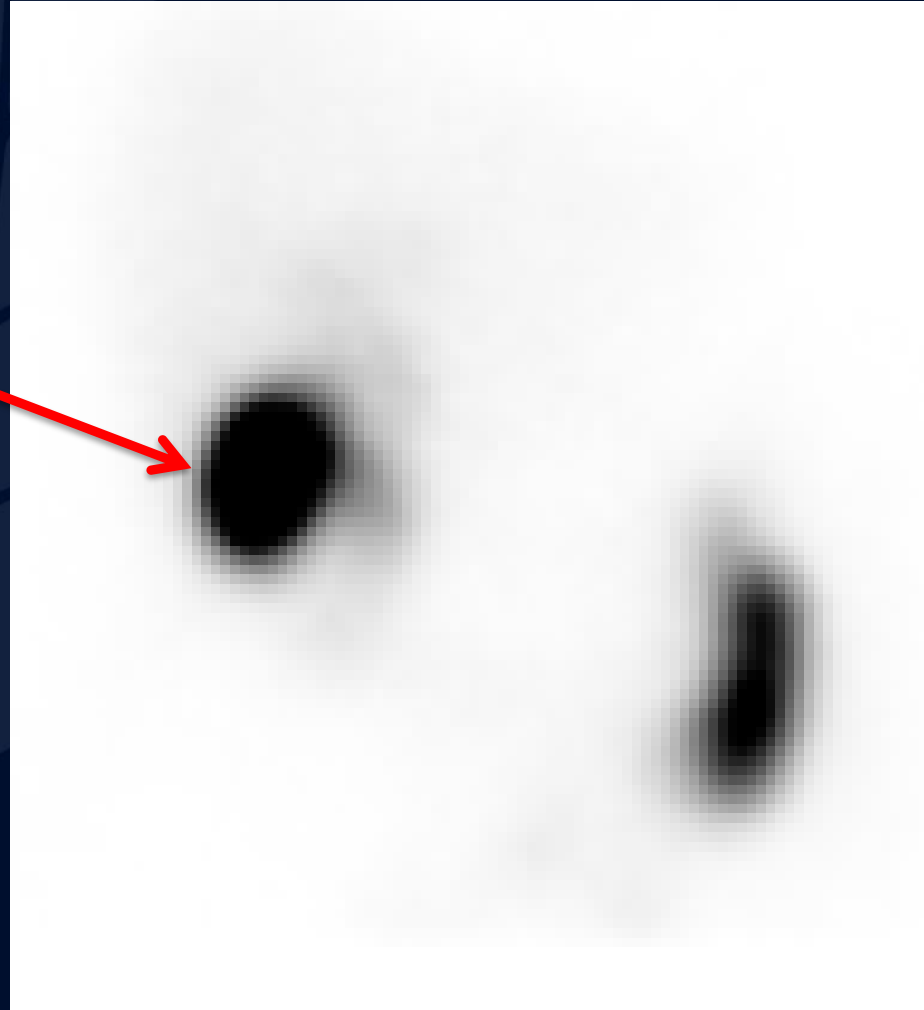


Biliary scintigraphy at 39 min s/p radiotracer injection



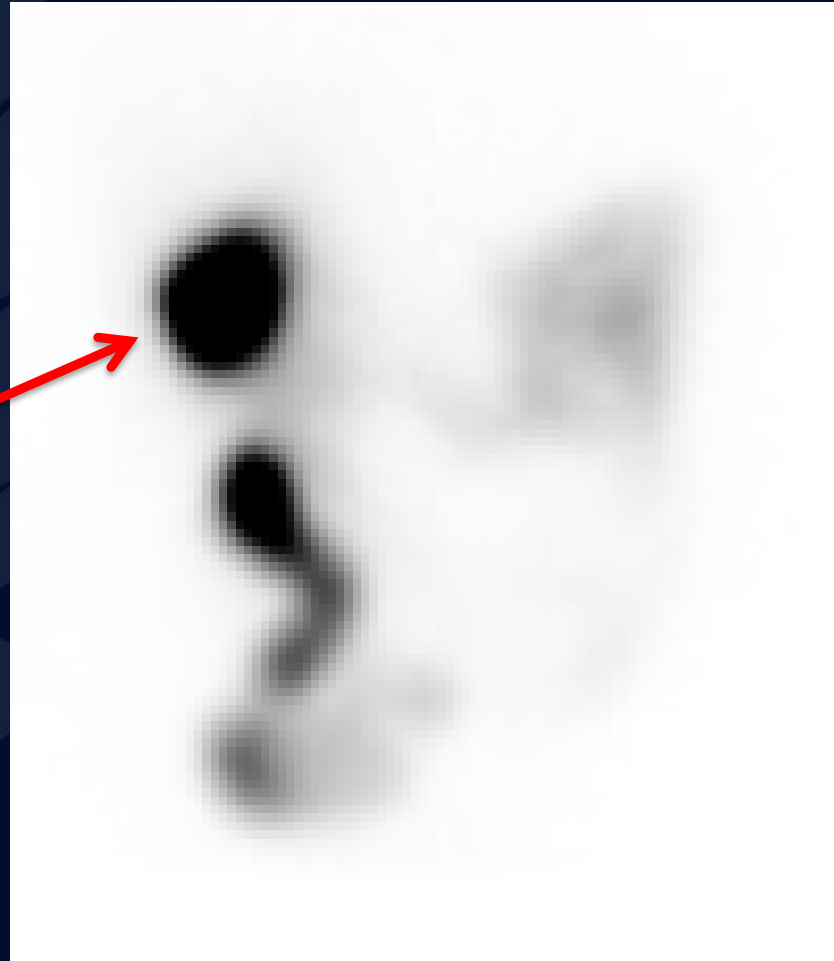
Gallbladder with normal filling

Biliary scintigraphy at 60 min s/p radiotracer injection



Gallbladder with normal filling

Biliary scintigraphy at 60 min s/p CCK infusion



Ejection
fraction of
16% after
CCK infusion

Biliary Dyskinesia

- AKA Gallbladder Dysfunction, Functional Gallbladder Disorder, Gallbladder Dysmotility, and Cystic Duct Syndrome
- Right upper quadrant/biliary pain without evidence of cholelithiasis or sludge
- Diagnosis of exclusion
- Ultrasound exam is first line evaluation
 - Typically unremarkable
 - May show gallbladder inflammation in the absence of stones
- Biliary scintigraphy (HIDA scan) to assess ejection fraction
 - 4-6 mCi Tc-99m mebrofenin
 - 0.02 mcg/kg CCK infused over 20-30 min
 - EF of < 35% is abnormal (up to 40% depending on institution protocol)
- Treatment is surgery