Key Differential Diagnosis Issues

- Clinical information is essential to derive differential diagnosis
- Presence of sepsis and right upper quadrant (RUQ) pain favor acute cholecystitis
- Presence of known systemic diseases: Congestive heart failure, renal failure, hypoalbuminemia are important considerations
- Presence of regional disease: Acute hepatitis or pancreatitis, cirrhosis affect gallbladder wall
- Known malignancy

Etiology

- Cholecystitis
  - acute cholecystitis
  - chronic cholecystitis
  - gallbladder empyema [7]
  - xanthogranulomatous cholecystitis
  - acalculous cholecystitis
- Postprandial physiological state (pseudothickening)
- Secondary thickening from
  - hepatic cirrhosis
  - hepatitis
  - congestive right heart failure
  - Fitz-Hugh-Curtis syndrome
  - hypoalbuminaemia [6]
  - other acute inflammatory process in the right upper quadrant
    - acute pancreatitis
    - perforated duodenal ulcer [8]
- Gallbladder carcinoma (infiltrating type)
- Diffuse adenomyomatosis of the gallbladder