

The Not So Dreadful ‘MOYNIHAN’s HUMP’

Nandakumar B M¹ and Bharati V Hiremath²¹Department of General Surgery, Ramaiah Medical College, Bengaluru²Department of General Surgery, Ramaiah Medical College, Bengaluru***Corresponding author:**

Nandakumar B M,
Department of General Surgery, Ramaiah Medical
College, Bengaluru

Received: 26 Sep 2024

Accepted: 11 Oct 2024

Published: 16 Oct 2024

J Short Name: AJSCCR

Copyright:

©2024 Nandakumar B M, This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and build upon your work non-commercially.

Citation:

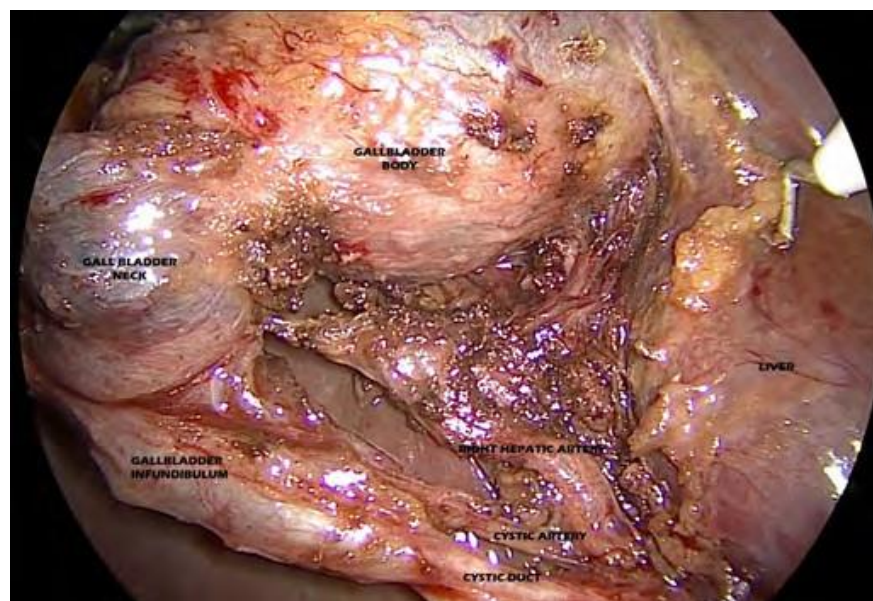
Nandakumar B M. The Not So Dreadful ‘MOYNIHAN’s HUMP’. Ame J Surg Clin Case Rep. 2024; 8(3): 1-2

1. Clinical Images

Cholelithiasis and its complications is one of the leading causes of hospital admissions worldwide and Laparoscopic Cholecystectomy is the gold standard surgical procedure in its treatment. Unlike elsewhere in the body hepatobiliary anatomy is the most variable. The hepatic artery divides into right and left hepatic artery. The cystic artery arises from the right hepatic artery coursing behind the common hepatic duct to reach the neck of gallbladder. Anomalies of the hepatic and cystic artery are seen in 50% of cases [1]. Moynihan’s or caterpillar hump is a rare anomaly wherein *the right hepatic artery courses tortuously in the hepatocystic triangle, in parallel to cystic duct with a short cystic artery branch*. It

is found in 3.9 to 6.4% of surgical patients [2]. This variation can easily be misidentified as the cystic artery and can be ligated or injured during surgery. A larger pulsating vessel in the triangle of Calot is never the cystic duct. It is only with the knowledge and experience that the surgeon can identify such anomaly and preserve the anatomy.

Ligating the right hepatic artery practically doesn’t evolve into clinically apparent disease as liver has dual blood supply to each segment with upto 80% of hepatic blood supply from the portal vein. The usual sequela that are noted are transient rise in liver enzymes and hyperbilirubinemia [3]. Mimicking a mild hepatitis, which resolves with supportive care.



References

1. Brunicaudi FC, Andersen DK, Billiar TR, Dunn DL, Hunter JG, Kao L. Chapter 32 : Gallbladder and the Extrahepatic Biliary System. In: Schwartz's Principles of Surgery 2-volume set 11th edition. McGraw Hill Professional. 2019; 1396.
2. Marano, Luigi. The unwanted third wheel in the Calot's triangle: Incidence and surgical significance of caterpillar hump of right hepatic artery with a systematic review of the literature." *Journal of minimal access surgery* vol. 2019; 15: 3: 185-191.
3. Brittain, R S. Accidental hepatic artery ligation in humans." *American journal of surgery* vol. 1964; 107(1964): 822-32.