PREVALENCE OF CHRONIC CHOLECYSTITIS AMONG THE PATIENTS PRESENTING IN THE OUTDOOR DEPARTMENT

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ABSTRACT:
Cholecystitis is inflammation of the gallbladder. Symptoms include right upper abdominal pain, nausea, vomiting, and occasionally fever. Often gallbladder attacks (biliary colic) precede acute cholecystitis. The pain lasts longer in cholecystitis than in a typical gallbladder attack. This cross-sectional study was conducted among the patients presenting in the outdoor department of different hospitals. Name, age, gender, symptoms and history of pain right hypochondrium were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. A total of 100 patients presenting in the emergency department were included in this study i.e., 50 males (50%) and 50 females (50%). The mean age of the patients was 45.54±2.43 years. Out of these one hundred patients, seventeen patients had history of pain right hypochondrium and chronic cholecystitis was diagnosed in only five patients.

Keyword: Chronic Cholecystitis
INTRODUCTION:

Cholecystitis is inflammation of the gallbladder. Symptoms include right upper abdominal pain, nausea, vomiting, and occasionally fever. Often gallbladder attacks (biliary colic) precede acute cholecystitis. The pain lasts longer in cholecystitis than in a typical gallbladder attack. Without appropriate treatment, recurrent episodes of cholecystitis are common. Complications of acute cholecystitis include gallstone pancreatitis, common bile duct stones, or inflammation of the common bile duct.

More than 90% of the time acute cholecystitis is from blockage of the cystic duct by a gallstone. Risk factors for gallstones include birth control pills, pregnancy, a family history of gallstones, obesity, diabetes, liver disease, or rapid weight loss. Occasionally, acute cholecystitis occurs as a result of vasculitis or chemotherapy, or during recovery from major trauma or burns. Cholecystitis is suspected based on symptoms and laboratory testing. Abdominal ultrasound is then typically used to confirm the diagnosis. Treatment is usually with laparoscopic gallbladder removal, within 24 hours if possible. Taking pictures of the bile ducts during the surgery is recommended. The routine use of antibiotics is controversial. They are recommended if surgery cannot occur in a timely manner or if the case is complicated. Stones in the common bile duct can be removed before surgery by endoscopic retrograde cholangiopancreatography (ERCP) or during surgery. Complications from surgery are rare. In people unable to have surgery, gallbladder drainage may be tried.

About 10–15% of adults in the developed world have gallstones. Women more commonly have stones than men and they occur more commonly after age 40. Certain ethnic groups are more often affected; for example, 48% of American Indians have gallstones. Of all people with stones, 1–4% have biliary colic each year. If untreated, about 20% of people with biliary colic develop acute cholecystitis. Once the gallbladder is removed outcomes are generally good. Without treatment, chronic cholecystitis may occur. The word is from

Greek, cholecyst- meaning "gallbladder" and -itis meaning "inflammation" (1-3).

**MATERIAL AND METHODS:**
This cross-sectional study was conducted among the patients presenting in the outdoor department of different hospitals. Name, age, gender, symptoms and history of pain right hypochondrium were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. The quantitative variables were presented as mean and standard deviation. The qualitative variables were presented as frequency and percentages.

**RESULTS:**
A total of 100 patients presenting in the emergency department were included in this study i.e., 50 males (50%) and 50 females (50%). The mean age of the patients was 45.54±2.43 years. Out of these one hundred patients, seventeen patients had history of pain right hypochondrium and chronic cholecystitis was diagnosed in only five patients. Further management was planned accordingly.

**DISCUSSION:**
Chronic cholecystitis occurs after repeated episodes of acute cholecystitis and is almost always due to gallstones. Chronic cholecystitis may be asymptomatic, may present as a more severe case of acute cholecystitis, or may lead to a number of complications such as gangrene, perforation, or fistula formation. Xanthogranulomatous cholecystitis (XGC) is a rare form of chronic cholecystitis which mimics gallbladder cancer although it is not cancerous. It was first reported in the medical literature in 1976 by McCoy and colleagues.

Most people with gallstones do not have symptoms. However, when a gallstone temporarily lodges in the cystic duct, they experience biliary colic. Biliary colic is abdominal pain in the right upper quadrant or epigastric region. It is
episodic, occurring after eating greasy or fatty foods, and leads to nausea and/or vomiting. People who suffer from cholecystitis most commonly have symptoms of biliary colic before developing cholecystitis. The pain becomes more severe and constant in cholecystitis. Nausea is common and vomiting occurs in 75% of people with cholecystitis. In addition to abdominal pain, right shoulder pain can be present.

On physical examination, fever is common. A gallbladder with cholecystitis is almost always tender to touch. Because of the inflammation, its size can be felt from the outside of the body in 25–50% of people with cholecystitis. Pain with deep inspiration leading to termination of the breath while pressing on the right upper quadrant of the abdomen usually causes pain (Murphy’s sign). Yellowing of the skin (jaundice) may occur but is often mild. Severe jaundice suggests another cause of symptoms such as choledocholithiasis. People who are old, have diabetes, chronic illness, or who are immunocompromised may have vague symptoms that may not include fever or localized tenderness (4-6).

REFERENCES:


