PREVALENCE OF GALL STONE DISEASE AMONG THE PATIENTS PRESENTING IN THE OUTDOOR DEPARTMENT

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ABSTRACT:
A gallstone is a stone formed within the gallbladder out of precipitated bile components. The term choledolithiasis may refer to the presence of gallstones or to any disease caused by gallstones, and choledocholithiasis refers to presence of migrated gallstones within bile ducts. 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 and ultrasound findings were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. A total of 150 patients presenting in the emergency department were included in this study i.e., 75 males (50%) and 75 females (50%). The mean age of the patients was 40.23±3.33 years. Out of these one hundred and fifty patients, sixteen patients had history of pain right hypochondrium and gall stone disease was diagnosed in only four patients. Further management was planned accordingly.

Keyword: Gall Stone Disease

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INTRODUCTION:
A gallstone is a stone formed within the gallbladder out of precipitated bile components. The term cholelithiasis may refer to the presence of gallstones or to any disease caused by gallstones, and choledocholithiasis refers to presence of migrated gallstones within bile ducts. Most people with gallstones (about 80%) are asymptomatic. However, when a gallstone obstructs the bile duct and causes acute cholestasis, a reflexive smooth muscle spasm often occurs, resulting in an intense cramp-like visceral pain in the right upper part of the abdomen known as a biliary colic (or "gallbladder attack"). This happens in 1–4% of those with gallstones each year. Complications of gallstones may include inflammation of the gallbladder (cholecystitis), inflammation of the pancreas (pancreatitis), obstructive jaundice, and infection in bile ducts (cholangitis). Symptoms of these complications may include pain of more than five hours duration, fever, yellowish skin, vomiting, dark urine, and pale stools.
Risk factors for gallstones include birth control pills, pregnancy, a family history of gallstones, obesity, diabetes, liver disease, or rapid weight loss. The bile components that form gallstones include cholesterol, bile salts, and bilirubin. Gallstones formed mainly from cholesterol are termed cholesterol stones, and those mainly from bilirubin are termed pigment stones. Gallstones may be suspected based on symptoms. Diagnosis is then typically confirmed by ultrasound. Complications may be detected on blood tests.
The risk of gallstones may be decreased by maintaining a healthy weight with exercise and a healthy diet. If there are no symptoms, treatment is usually not needed. In those who are having gallbladder attacks, surgery to remove the gallbladder is typically recommended. This can be carried out either through several small incisions or through a single larger incision, usually under general anesthesia. In rare cases when surgery is not possible, medication can be used to dissolve the stones or lithotripsy to break them down.
In developed countries, 10–15% of adults have gallstones. Rates in many parts of Africa, however, are as low as 3%. Gallbladder and biliary related diseases occurred in about 104 million people (1.6% of people) in 2013 and they resulted in 106,000 deaths. Women more commonly have stones than men and they occur more commonly after the age of 40. Certain ethnic groups have gallstones more often than others. For example, 48% of Native Americans have gallstones. Once the gallbladder is removed, outcomes are generally good (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 and ultrasound findings 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 150 patients presenting in the emergency department were included in this study i.e., 75 males (50%) and 75 females (50%). The mean age of the patients was 40.23±3.33 years. Out of these one hundred and fifty patients, sixteen patients had history of pain right hypochondrium and gall stone disease was diagnosed in only four patients. Further management was planned accordingly.

DISCUSSION:
Gallstone risk increases for females (especially before menopause) and for people near or above 40 years; the condition is more prevalent among both North and South Americans and people of European descent than among other ethnicities. A lack of melatonin could significantly contribute to
gallbladder stones, as melatonin inhibits cholesterol secretion from the gallbladder, enhances the conversion of cholesterol to bile, and is an antioxidant, which is able to reduce oxidative stress to the gallbladder. Researchers believe that gallstones may be caused by a combination of factors, including inherited body chemistry, body weight, gallbladder motility (movement), and low-calorie diet. The absence of such risk factors does not, however, preclude the formation of gallstones. Nutritional factors that may increase risk of gallstones include constipation; eating fewer meals per day; low intake of the nutrients folate, magnesium, calcium, and vitamin C; low fluid consumption; and, at least for men, a high intake of carbohydrate, a high glycemic load, and high glycemic index diet. Wine and whole-grained bread may decrease the risk of gallstones. Rapid weight loss increases risk of gallstones. The weight loss drug orlistat is known to increase the risk of gallstones.

Cholecystokinin deficiency caused by celiac disease increases risk of gallstone formation, especially when diagnosis of celiac disease is delayed. Pigment gallstones are most commonly seen in the developing world. Risk factors for pigment stones include hemolytic anemias (such as from sickle-cell disease and hereditary spherocytosis), cirrhosis, and biliary tract infections. People with erythropoietic protoporphyria (EPP) are at increased risk to develop gallstones. Additionally, prolonged use of proton pump inhibitors has been shown to decrease gallbladder function, potentially leading to gallstone formation. Statins inhibit cholesterol synthesis and there is evidence that their use may decrease the risk of getting gallstones (4-6).

REFERENCES:


