



Modern Approach To Diagnosis And Treatment Of Patients With Chronic Cholecystitis

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ABSTRACT

Chronic cholecystitis is a disease characterized by inflammation of the gallbladder wall. Women suffer from this disease 3-4 times more often than men, it is most often found in people with excessive body weight, but it is not exceptionally rare in persons of asthenic physique

Keywords:

cholecystitis, inflammation, gallbladder, surgical treatment.

Introduction. Cholecystitis can be caused by bacteria (*Escherichia coli*, streptococcus, staphylococcus, etc.), helminths, giardia, fungi; there are cholecystitis of toxic and allergic nature. Microbial flora penetrates into the gallbladder by ascending (from the intestine), hematogenous (through blood) or lymphogenous (through lymph) pathway.

Predisposes to the development of cholecystitis stagnation of bile in the gallbladder, which can lead to gallstones, compression and kinks of bile ducts, dyskinesia of the gallbladder and biliary tract (ie. disturbance of their tone and motor function under the influence of stress, endocrine and vegetative disorders, reflexes from pathologically altered organs of the digestive system), internal prolapse, pregnancy, sedentary lifestyle, infrequent meals, intake of pancreatic juice into the biliary tract during dyskinesia with its damaging effect on the mucous membrane of bile ducts and gallbladder.

The immediate trigger to the outbreak of inflammatory process in the gallbladder is often overeating, especially consumption of fatty and spicy food, intake of alcoholic beverages, acute inflammatory process in another organ (angina,

pneumonia, adnexitis, etc.). Chronic cholecystitis can occur after acute, but more often develops independently and gradually, against the background of cholelithiasis, gastritis with secretory insufficiency, chronic pancreatitis and other diseases of the digestive organs, obesity.

Symptoms of chronic cholecystitis

For chronic cholecystitis is typical of dull, aching (sometimes sharp) pain in the right subcostal area of constant nature or occurring 1-3 hours after a large meal, especially fatty and fried. Pain irradiates upward, to the right shoulder and neck, right scapula. Dyspeptic phenomena are not uncommon: a feeling of bitterness and metallic taste in the mouth, belching of air, nausea, flatulence, impaired defecation (possibly alternating constipation and diarrhea), as well as irritability, insomnia. Jaundice is not characteristic.

Signs of chronic cholecystitis are determined by ultrasound examination. The course in most cases is long, with alternating periods of remission and exacerbations, the latter often occur as a result of nutritional disorders, ingestion of alcoholic beverages, heavy physical work, accession of acute intestinal infections,

hypothermia. The prognosis in most cases is favorable. However, often the inflammatory process contributes to the formation of gallstones in the gallbladder.

Diagnosis of chronic cholecystitis

Diagnosis of chronic cholecystitis begins with the identification of the main complaints and external signs of the disease, prompting the doctor to further algorithm of diagnosis. To clarify the diagnosis of chronic cholecystitis, the following diagnostic methods are used:

- Ultrasound of the abdominal organs, in particular the gallbladder allows you to identify the presence of stones or signs of inflammation in the gallbladder.
- Cholangiography is a radiologic method of examination that allows you to identify signs of inflammation of the gallbladder. Cholangiography is not performed during the exacerbation of the disease, as well as during pregnancy (in these cases, ultrasound is preferred).
- General and biochemical blood tests - allow you to identify signs of inflammation and other signs characteristic of liver and gallbladder diseases
- Stool analysis for parasites (ascarids, giardia) - mandatory for all patients with cholecystitis.

Treatment of chronic cholecystitis

With exacerbations of chronic cholecystitis requires hospitalization in a surgical or therapeutic hospital, therapy is the same as in acute cholecystitis. In mild cases outpatient treatment is possible: bed rest, dietary nutrition - limitation of fatty food and its caloric content (diet № 5a), eating 4-6 times a day. In the phase of process exacerbation antibiotics of wide spectrum of action are used, which accumulate in bile in high enough concentration, in usual therapeutic doses during 7-10 days. In giardiasis, antiparasitic drugs are effective. To eliminate biliary dyskinesia and spastic pain, symptomatic treatment with one of the antispasmodics (no-shpa, motilium, etc.) is prescribed. Violation of bile outflow in patients with chronic cholecystitis is corrected by choleric agents (synthetic and vegetable origin), stimulating the formation and secretion of bile by the liver, as well as enhancing muscle contraction of the gallbladder and the flow of

bile into the duodenum. It is advisable to use enzyme preparations containing bile acids.

In patients with non-calculous cholecystitis therapeutic duodenal probing is effective. To normalize the bile-forming function of the liver, reduce the viscosity of bile, eliminate its stagnation, prevent the formation of stones, improve blood circulation, achieve anti-inflammatory, antispasmodic and analgesic effect physiotherapy is used (electrophoresis on the liver area with novocaine, magnesium, papaverine, no-shpa; UHF on the liver area, ultrasound, electrostimulation of the gallbladder). Many mineral waters ("Moskovskaya", "Smirnovskaya", "Slavyanovskaya", "Djemruk", "Arzni", "Borjomi", "Essentuki", "Naftusya"), general baths (sodium chloride, carbon dioxide) have a favorable effect.

One of the most effective means is mud treatment. It has a positive effect on the functional state of the gallbladder, liver, pancreas, improves the immunological reactivity of the body, stimulates the glucocorticoid function of the adrenal glands, has analgesic, anti-inflammatory, desensitizing effect. It is advisable therapeutic gymnastics on a special technique. If conservative therapy is unsuccessful and frequent exacerbations, surgical treatment is indicated.

Removal of a gallstone (cholecystectomy)

If there are clear symptoms of gallstones, treatment is necessary, which consists of removing the gallbladder (cholecystectomy) or the stones that cause biliary obstruction. Nowadays, cholecystectomy is increasingly performed without opening the anterior abdominal wall, using the endoscopic method. If the symptomatology is not strongly pronounced and the stones are small in size, they can be attempted to dissolve with certain drugs. The endoscope, a fiberglass optical device, is inserted into the abdominal cavity through a small incision in the anterior abdominal wall near the navel. The gallbladder is isolated, freed from its bonds and fusions with other tissues, and removed through a small additional opening.

Conclusions: Thus, gallstones can be removed through the common bile duct using a flexible

endoscope. The device is inserted through the mouth into the esophagus, then passed through the stomach into the duodenum. A thin instrument is inserted through the tube of the device, which is passed into the common bile duct. The location of the stone is determined by radiography. If the stone is too large, it is crushed and extracted piece by piece.

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