Original Research Paper

Volume-8 | Issue-8 | August-2018 | PRINT ISSN No 2249-555X

General Surgery

# A CLINICAL STUDY ON CALCULOUS CHOLECYSTITIS, IRT PMCH,PERUNDURAI

**Dr.Senthilkumar .S.** Assistant Professor , Irt , Pmch , Perundurai.

**Dr.Umashankar.P*** Senior Resident , Irt , Pmch, Perundurai . *Corresponding Author

**Dr.Hemachandran. S.** Assistant Professor, Irt, Pmch, Perundurai.

**ABSTRACT** To evaluate age incidence, risk factors, bacteriology of bile, biochemical type of stones and histopathological changes in calculous cholecystitis who presented to the department of general surgery , IRT, perundurai medical college, perundurai for past 1 year.

**KEYWORDS :**

## INTRODUCTION :

Biliary diseases constitute a major portion of digestive tract disorders. The most common non-fatal disease of the biliary system are gall stones. In developed countries the prevalence of gall stones is 10%-15%.

Open cholecystectomy remains the gold standard for symptomatic cholelithiasis for over a century. Laproscopic technique done for cholecystitis has been a revolutionary change from over the last decade with less complication and easy recovery period for the patient .

## MATERIALS :

From may 2016 to april 2018 , 100 patients admitted to the surgical wards in IRT, perundurai medical college, perundurai were selected to the study according to the inclusion and exclusion criteria.

## INCLUSION CRITERIA :

The patient with clinical features and sonological evidence of calculous cholecystitis.

## EXCLUSION CRITERIA:

1. Patient with acalculous cholecystitis.
2. Patient not fit or willing for surgery.
3. Patient presenting with complication of cholecystitis, gall stone pancreatitis, septic complication.
4. Clinical evidence of calculous cholecystitis , sonologically not contributed.

## METHODOLOGY :

Information regarding the age, religion, socio economic status, nature of the symptoms, duration of the symptoms, past history of similar complaints, dietary history, history of OCP intake, alcohol ingestion, diabetes were obtained.

Detailed examination was conducted among all the cases.. Investigations included haemogram, ECG, LFT, blood sugar, blood urea, serum creatinine, urine analysis, blood grouping, chest x-ray, ultrasound scan of the abdomen. Relevant investigations and speciality consultations were taken for patients with associated medical illness and their control was achieved.

In the present study some patients underwent open cholecystectomy and some of the patients underwent lap cholecystectomy depending on the clinical evaluation with history of previous history, obesity, old age, diabetes and affordability of the patient.

The patient consent was taken . the patient were at their will to choose the operative procedures of choice, either open cholecystectomy or laparoscopic cholecystectomy based on their affordability and the indications/contraindications of the procedure involved.

All the patient's were administered antibiotics, nsaid's and anti-emetics as and when required. Liquid and semisolid diet were allowed once the bowel sounds returned. Patients were discharged from the hospital once the patient's were fully mobilized and able to tolerate a normal diet and pain relief was adequate they were discharged.

Laboratory results, operative findings, requirement for conversion to open cholecystectomy, operating time (from incision to closure), operative complications, duration of post operative pain, analgesic administration and length of hospital stay along with post-operative complications if any were recorded.

Patients were encouraged to resume work and normal daily activity as soon as possible. Evaluation of return to normal work was made during an OPD appointment 4 weeks after surgery.

## RESULTS :

**1. Age group :**

| Age Group | Frequency | Percentage |
|---|---|---|
| 11-20 | 7 | 7% |
| 21-30 | 10 | 10 % |
| 31-40 | 18 | 18% |
| **41-50** | **38** | **38%** |
| 51-60 | 16 | 16% |
| 61-70 | 7 | 7% |
| 71-80 | 3 | 3% |
| 81-90 | 1 | 1% |
| **Total** | **100** | **100.0%** |

**2. Presenting symptoms :**

| Presenting Symptoms | Number of Cases | Percentage |
|---|---|---|
| **Rt. Hypochondriac pain** | **72** | **70%** |
| Flatulent Dyspepsia | 8 | 8% |
| Fever | 6 | 6% |
| Nausea/ Vomiting | 9 | 9% |
| Icterus | 5 | 5% |

**3.various USG imaging study of the cases included in our study :**

| Sl.No | Imaging findings | Number of cases | % of cases |
|---|---|---|---|
| 1 | Stones in gallbladder | 100 | 100% |
| 2 | Solitary stone | 28 | 28% |
| 3 | Multiple stone | 56 | 56% |
| 4 | Gall stone with Bile duct stone | 4 | 4% |
| 5 | Dilated bile duct | 4 | 4% |
| 6 | Gall bladder wall thickening | 8 | 8% |
| 7 | Mass | 0 | 0% |

**3. Size of stones :**

| Size of stones | Frequency | Percentage |
|---|---|---|
| 0.3mm | 6 | 6% |
| 0.4mm | 8 | 8% |
| 0.5mm | 16 | 16% |
| 1cm | 32 | 32% |
| 1.5cm | 22 | 22% |
| 2cm | 9 | 9% |
| 3cm | 7 | 7% |
| **Total** | **100** | **100.0%** |

**4. Spectrum of lesion of gallstones :**

| Spectrum of lesions of gall stones | Frequency | Percentage |
|---|---|---|
| Chronic non specific cholecystitis | 78 | 78.0% |
| Follicular cholesystitis | 12 | 12% |
| Xanthogranulomatous cholesystitis | 10 | 10% |
| **Total** | **100** | **100.0%** |

**5. Management :**

| Management | Frequency | Percentage |
|---|---|---|
| Oral dissolution therapy | 10 | 10.0% |
| Open cholecystectomy | 35 | 35% |
| Lap cholecystetomy | 55 | 55% |
| **Total** | **100** | **100.0%** |

## CONCLUSION :

Chronic calculous cholecystitis is the most common gallbladder disease, seen to be prevalent in western countries compared to Asian countries. In the present study there was more female predominance commonly seen in the fourth decade of life. The most common symptom was the right hypochondriac pain and right upper quadrant tenderness was the most common sign noted. Gall bladder was thickened in 30 cases. The most common cholecystitis was non specific type of cholecystitis.

Hence we come to a conclusion that before going directly for surgery for suspected cases all the basic investigations such as liver enzyme test can be done to rule out jaundice and obstruction . ultrasound helps to find out the number and type of gall stones. Bile culture would help in giving the exact antibiotics after culture. Hence a thorough work up must be done for patient's suspicious for cholecystitis to prevent any complication making it easy for the patient as well as the doctor for treatment and recovery.