INTRODUCTION:
Cholecystectomy, one of the commonest samples in a histopathology laboratory presents with a gamut of histopathological changes. It is a hollow piriform structure seen in the undersurface of the liver which acts as a reservoir, storing and concentrating bile before it is released into the small intestine. The first human gallbladder extirpation was in the year 1882 by the German surgeon Carl Langenbauch, who was a pioneer in the evolution of open cholecystectomy (1). The most common clinical entity for cholecystectomy was for gall stones which was successfully performed by Theodor Kocher in the year 1878. Laparoscopic cholecystectomy revolutionized the treatment of gallstones and its use dates back to biblical history. It was Mouret who performed the first human laparoscopic cholecystectomy in the year 1987 (2).

MATERIALS AND METHODS:
The present study was done in the Department of Pathology, Stanley Medical College, Chennai-1 for a period of one year from August 2015 to August 2016. A total of 200 cases were examined and parameters such as age and clinical presentation were recorded in adjunct to the histopathological study of the received gall bladder. The age group ranged from 21 yrs to 70 yrs with a sex predilection towards females, the M:F ratio being 1:1.78. This was consistent with studies conducted in India by few authors (4, 5, 6, 7). Sedentary life style, female sex hormones and genetic factors were the reason for its predominant occurrence in females.

RESULTS:
Total number of 200 cholecystectomies were studied. Maximum number of gall bladder diseases were in the age range of 41-50 yrs and among these males accounted to 36% and females 64% with a maximum number of cases seen in females. The most common lesion was chronic cholecystitis (86%). Other benign lesions were acute cholecystitis (4%), cholesterolosis (6%), gangrenous cholecystitis (1%). A rare case of tuberculous cholecystitis (0.5%) along with tuberculosis of omentum was reported. A single case of adenomyoma of gallbladder (0.5%), two cases of carcinoma of gall bladder were chronic cholecystitis (86%). Other benign lesions were acute cholecystitis (4%), cholesterolosis (6%), gangrenous cholecystitis (1%). A rare case of tuberculous cholecystitis (0.5%) along with tuberculosis of omentum was reported. A single case of adenomyoma of gallbladder (0.5%) and two cases of carcinoma of gall bladder (1%), one being adenocarcinoma of gall bladder and other being hepatoid adenocarcinoma was observed. 

DISCUSSION:
A spectrum of histopathological changes are encountered in cholecystectomy specimens. Prevalence of gall bladder disorder has been estimated to range between 2 and 29% and was found to be 7 times more prevalent in North than in South India (3). The most common sex predilection was females with a male:female ratio of 1:1.78. This was consistent with studies conducted in India by few authors (4, 5, 6, 7). Sedentary life style, female sex hormones and genetic factors were the reason for its predominant occurrence in females.
CONCLUSION:
Gall bladder specimens are to be sampled with care so as to detect the spectrum of lesions. The present study revealed a female preponderance with majority of patients falling in the fourth decade of life. Most common lesion was chronic cholecystitis. Rare lesions such as tuberculous cholecystitis and hepatoid adenocarcinoma were documented in this study. Macroscopic examination in adjacent with meticulous histopathological examination of cholecystectomy specimens is mandatory to detect incidental malignancies thereby aiding in early detection to institute appropriate treatment.

REFERENCES