



ACUTE ACALCULOUS CHOLECYSTITIS : LAPROSCOPIC CHOLECYSTECTOMY AN INITIAL THERAPY

General Medicine

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ABSTRACT

Cholecystitis is inflammation of the gallbladder is usually caused by cystic duct obstruction by gallstones . It may be acute ,chronic / acute superimposed on chronic. Symptoms include right upper quadrant pain and tenderness , sometimes accompanied by fever , chills , nausea , vomiting Anorexia and Biliary Colic. Current case report of a 50 years old male patient presented with abdominal pain in right upper quadrant And Fever. The patient was successfully recovered by proper medication and patient counseling .

KEYWORDS

Cholecystitis, Acute Acalculous Cholecystitis, Right upper quadrant pain, ultrasound, Treatment : Antibiotics, Analgesics and Cholecystectomy .

INTRODUCTION:

Cholecystitis is inflammation of the gallbladder is usually caused by cystic duct obstruction by gallstones . It may be acute ,chronic / acute superimposed on chronic . Symptoms include right upper quadrant pain and tenderness , sometimes accompanied by fever , chills , nausea , vomiting Anorexia and Biliary Colic . Abdominal ultrasonography detects the gallstone and sometimes the associated inflammation . Blood test detects the sight of inflammation . MRI is used to detect the Acute Cholecystitis . Treatment usually involves Antibiotics , Analgesics and Cholecystectomy . The male gender to be risk factor for severe cholecystitis .Extensive gallbladder inflammation in the form of gangrenous and necrotizing cholecystitis was evident in a significant majority of male patients compared to female patients.

Case Report:

A 50 years old male came up with complaints of Abdominal pain (Right Hypochondrium Region) since 4 – 5 days . The patient had a history of Diabetic Mellitus and Hypertension from last 10 years (2009) . Treatment was initiated in (2010) with Glycomet GP 1 BD , Telmikind 40 OD and Tafmune EM . USG were done in 2020 which implied.

USG Report:

Grossly distended GB with sludge and thickened walls likely to represent changes to cholecystitis.

The patient was given Intravenous fluids and was started Perfalgan (1 gm / 100 ml BD) every 12 hours to reduce pain also Intravenously Tramadol (SOS), Intravenous Emeset (2 ml SOS) For prevention of fever and vomiting, Intravenous Pantoprazole (4.5 gm TDS)To Treat conditions where the stomach produces too much acid ,Intravenous NS 500 ml (BD) , To treat hypertonic extracellular dehydration , tablet Telma (20 mg OD) and Tablet Synthivan (OD) For hypertension , Tablet Glycomet GP -1 (BD) For Diabetic Mellitus.

On the second day of admission , an ultrasound scan of his abdomen was done to elevate the right hypochondrium pain , suspected to be Acute Acalculous cholecystitis . it shows thickened wall of gallbladder . His Blood pressure is 138 / 70 mmHg , Respiratory Rate is 16 / min . and SPO2 is 87.4 %.

DISCUSSION:

10 % cases of acute cholecystitis do not contain gallstones ,causes are nonbiliary surgery , multiple injuries , burns , recent childbirth , severe sepsis , dehydration and diabetes mellitus.

Primary bacterial infection like Salmonellosis and Cholera and Parasitic infestations.

Morphology: Grossly , the gallbladder is distended and tense. The serosal surface is coated with fibinous exudate with congestion and haemorrhages . The mucosa is bright red and lumen is filled wit pus mixed with green bile . In obstruction cystic duct is complete , the lumen is filled with purulent exudate .

Histopathology: During the early phase , the gallbladder will usually

reveal extensive venous congestion and edema . With time , fibrosis and the presence of chronic inflammation cells may appear.

It shows symptoms like severe pain in upper abdomen with feautres of peritoneal irritation such as hyperaesthesia.

Early Laproscopic cholecystectomy is considered safe and recommended for patient presenting with acute Calculous cholecystitis , unless otherwise contraindicated.

The observation of Grossly distended GB with sludge and thickened walls likely to represent changes to cholecystitis.

CONCLUSION:

Acute Acalculous cholecystitis which contain gallstones, it causes in non biliary surgery, Diabetic mellitus, injuries and burns. Accurate identification and cholecystitis type help in better management of these patients. Cholecystectomy should be considered when there is no resolution of symptoms despite medical therapy , as we seen in this case .

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