

A CASE REPORT ON CHOLELITHIASIS

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ABSTRACT

Cholelithiasis is the medical term for gall stone disease & mainly caused by excess cholesterol in bile. In this case Female patient of age 60 years was admitted in surgery department with chief complaints of pain in the abdomen right hypochondriac region. Patient had not known of HTN/DM/PTB. Laparoscopic cholecystectomy was carried out the day of admission. Patient was medically treated with antibiotics, analgesics, antacids & antipyretics. On 2nd day post operative ultra sound done to the patient, it shows that no significant abnormality detected. During course of the hospital stay patient was improved gradually. Patient was hemodynamically stable at the time of discharge.

KEYWORDS: Cholelithiasis, Laparoscopic cholecystectomy, cholesterol etc.**INTRODUCTION**

In developing countries, gallstones are the major health issue. Gallstones diseases mostly occur in women as compare to men in overall population in world, and women are almost twice chances to develop gallstones rather than male. One of the most influence factors for developing gallstones is gender. Pregnancy also favours gallstones formation due to hormonal influences on bile composition. Increasing age is also influence on gallstones formation. Obesity also triggers the formation of gall stones (Harish B, 2014).

Although the causative factors relating to the development of gallstones are multiple, environmental and genetic factors play significant roles. Ethnicity is probably an important risk factor for gallstone disease in Chile. (Pablo bacerra 2011).

Cholelithiasis has been described as a disease of civilization. It is observed in Egyptian mummies dating as far back as 3400 B.C. It appears likely that Charaka (2nd century B.C.) and Sushruta (6th Century B.C.) from India were also familiar with this disease of the biliary tract. The severity of gallstone disease has previously been shown to related to gallstone type and particularly septic complications are much more common in patients with pigment gallstones than in patients with cholesterol gallstones.

Various sign and symptoms like severe pain in Murphy's point in right upper quadrant of abdomen, bilious vomiting, mild to moderate increase in temperature, obstructive jaundice, loss of appetite and weight are present in cholelithiasis.

Cholecystitis and cholelithiasis are very common particularly in fatty, fertile and female in 40. Gallstones are a major cause of morbidity and mortality throughout the world. (Dr. Arvind Kumar Singh, Dr. Sabrilbhjanand Prasad Singh 2017).

CASE REPORT

A 60 years female patient was admitted in surgery department with chief complaints of pain in the abdomen right hypochondriac region. Patient had not known of HTN/DM/PTB.

On examination, she was febrile, but she was hemodynamically stable, she was not jaundiced. The abdomen was tender, particularly in the upper right quadrant, where the gall bladder was palpable.

Laboratory tests showed a WBC (9,500), an ESR of 25 mm/hr, other blood tests (BUN, Creatinine, glucose, AST, ALT, electrolytes) were normal. Abdominal ultrasound demonstrated a well distended with normal wall thickness multiple calculi are seen largest measuring 11.3mm, no acute inflammatory changes detected. By evaluating the both laboratory reports & ultra sound abdomen physician diagnose the cholelithiasis.

Laparoscopic cholecystectomy was carried out the day of admission. Patient was medically treated with antibiotics, analgesics, antacids & antipyretics. On 2nd day post operative ultra sound done to the patient, it shows that no significant abnormality detected. During course of the hospital stay patient was improved gradually. Patient was hemodynamically stable at the time of discharge.

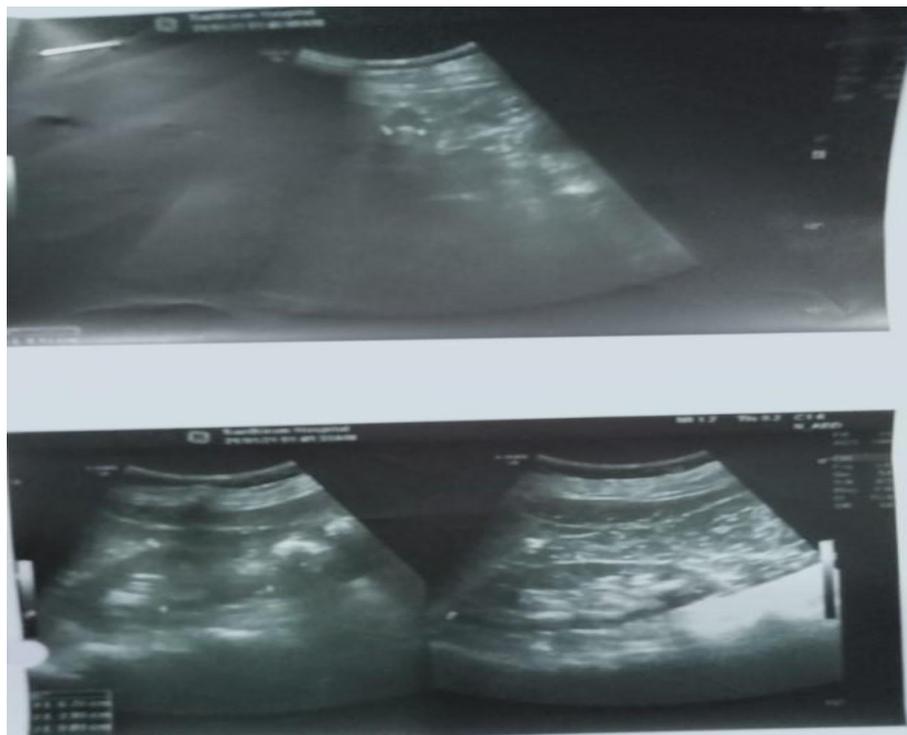


Fig. 1: USG abdomen Multiple calculus seen.

DISCUSSION

Gallstones are most prevalent gastrointestinal disorder which is prevalent 10% to 15% of adults in developing countries. This condition may be asymptomatic but sometimes it becomes symptomatic and it needs current treatment including surgical treatment (MujibulHaq, Giassudin, Jhuma, Choudhury, 2015).

Here in this case patient observed the symptoms of acute pain in abdomen right hypochondriac region. For the evaluation of gallstones related disease, the diagnostic criteria consisting of complete physical examination, laboratory evaluation and imaging of right upper quadrant and then cholecystectomy advised to the patient. Reports of abdominal ultrasound and liver function test reveal the evidence of gallstones disease. In pelvic abdominal ultrasound spleen, liver, pancreas, kidneys and urinary bladder seen normal but in Gallbladder calculi of 11 mm were seen. Which caused the right upper abdominal pain, nausea and vomiting. And in liver function test report the total bilirubin level was raised at 3.5mg/dl.

Laparoscopic cholecystectomy is the gold standard treatment for symptomatic gall stones presently. But laparoscopic cholecystectomy can be difficult procedure in presence of giant gall stone like the one we encountered. Large gallstones would result in more severe inflammation and thickening of the gallbladder wall. And the large gallstone would make it difficult to grasp the gallbladder with the laparoscopic instruments and expose the anatomy of Calots triangle. Difficulty will also occur in the retrieval of such a large gallstone. Because of these reasons, open cholecystectomy is the

preferred procedure in such cases. [Satish Dalal, Pankaj, Sandeep Bhoariwal (2013)]

CONCLUSION

In this case physician diagnosed the patient with cholelithiasis on the basis of abdominal pelvic ultrasound in which calculi were seen in gallbladder. Laparoscopic cholecystectomy is safe and fruitful therapeutic procedure if gallstones are confirmed by ultrasound.

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