Correlation between Clinical Presentation, Types of Gallstones and Histopathological Changes of Gallbladder

Thesis
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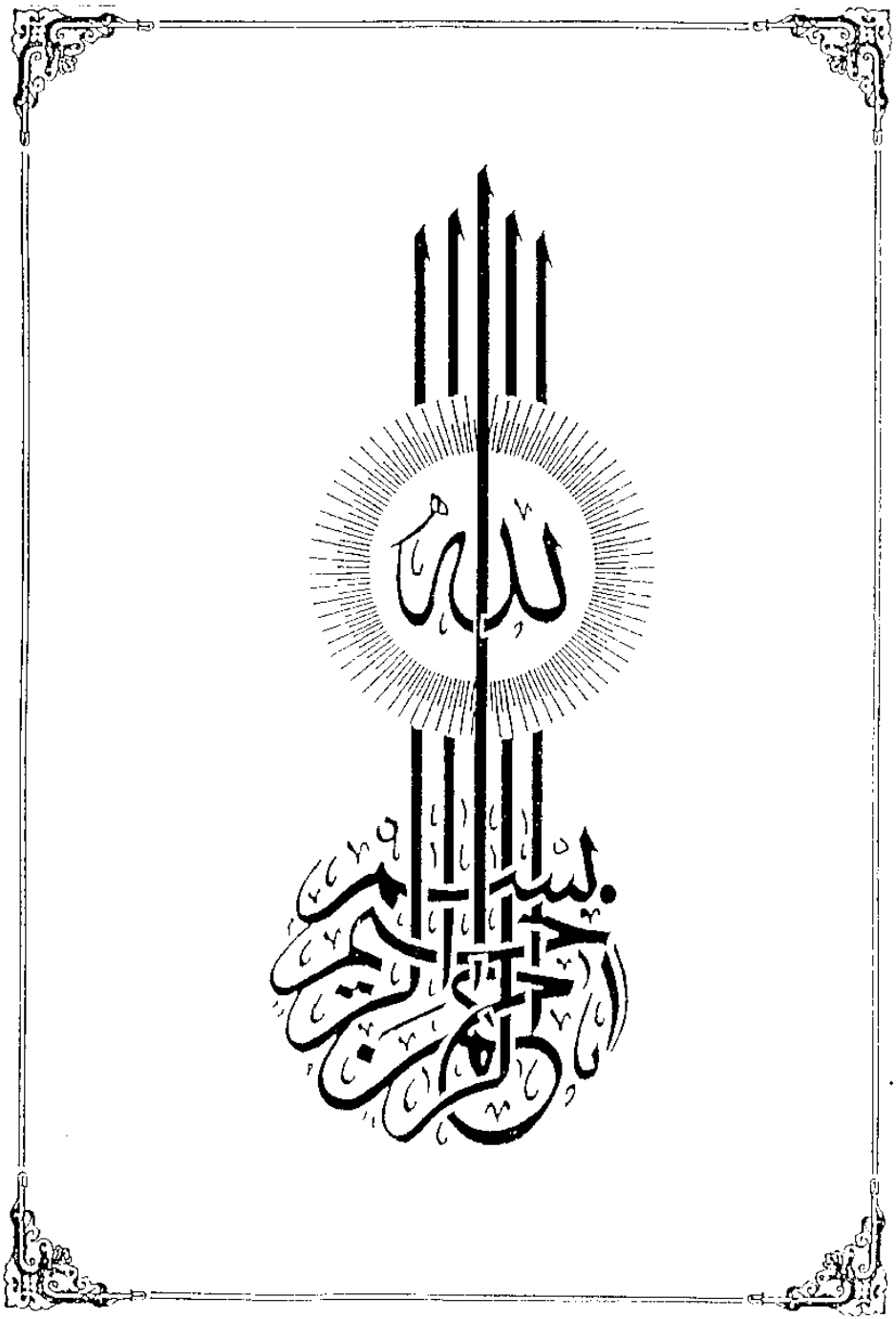

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Introduction

Disease of the gallbladder is rare unless it complicates gallstones *(Sherlock and Dooley, 1997)*.

There is great variability in the incidence and type of gallstone in a given population throughout the world. Although the incidence of gallstone is 10% in the United states, there are segment of such population that have a significantly greater predisposition to form cholesterol gallstones In contrast, gallstones of any type are distinctly uncommon in certain parts of Africa.

While several specific genetic, dietary, and other factors have been shown to be important for gallstone formation, no identifiable cause is present in a large number of patients *(Moser et al., 1993)*.

Our knowledge of the pathogenesis of gallstone formation remains incomplete although there has been considerable progress in the mechanisms involved during the past decade, Undoubtedly the pathogenesis of cholesterol stones is different from that of black pigment stones, and brown pigment stone formation differs from both *(Cuschieri, 1995)*.

It is important to distinguish between gallstone disease and gallbladder disease. Generally, patients with gallstones have no or minimal symptoms, which generally consists of short lived and mild episodes of right upper quadrant discomfort.

There are multiple treatment options for these patients; observation, dissolution, fragmentation and dissolution. Cholecystectomy is the recommended treatment for biliary colic and chronic cholecystitis *(Gadacz, 1991)*.

The term chronic cholecystitis implies that the gallbladder is involved in a recurring or incompletely resolved inflammatory process *(Edlund and Zettergren, 1959)*.

The term chronic cholecystitis is applied properly to the scarred nonfunctioning gallbladder, *(Higgin's, 1968)* which is usually the end result of multiple attacks of acute cholecystitis *(Nahrwold, et al 1976)*. Chronic inflammation of the gallbladder is most commonly due to stones and the term "chronic cholecystitis" should be restricted to gallbladders containing gallstones with varying degrees of inflammation, from mild mucosal/ submucosal changes to gross Trans-mural fibrosis leading to a contracted fibrous encasement of the biliary calculus *(Cuschieri, 1995)*. Inflammation of the gallbladder almost always develops in the setting of the gallstones and on an acute or chronic basis *(Crawford, 1994)*.

Approximately 98% of patients with symptomatic gallbladder disease have gallstones.

The understanding of the pathogenesis of gallstones and their relationship to gallbladder disease is central to the management of patients with chronic cholecystitis *(Nahrwold, 1997)*.

The symptomatology of gallstone disease is varied. Often nonspecific, the symptoms may be acute, chronic or totally absent when the gallstones are diagnosed as an incidental finding during the investigation of patients for unrelated disorders. The differentiation between silent and symptomatic gallstones is important since this affects managements in the individual case *(Cuschieri, 1995)*.

The pathologic findings in chronic cholecystitis are best interpreted in the light of the clinical manifestation of the disease *(Nahrwold, 1997)*.

Aim of the Work

This study is designed to correlate between clinical presentation of calcular gallbladder disease, biochemical nature of gallstones and histopathological changes of the gallbladder.

Anatomy of Extrahepatic Biliary Tract