

**HISTOPATHOLOGICAL CHANGES OF THE
GALL BLADDER WALL IN CHRONIC
CALCULAR CHOLECYSTITIS**



Thesis

Submitted for Partial Fullfilment of
M.Sc. Degree in General Surgery

63899

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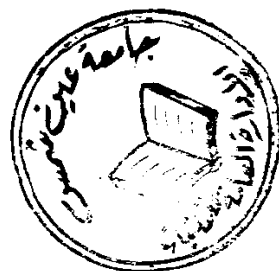
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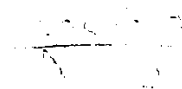
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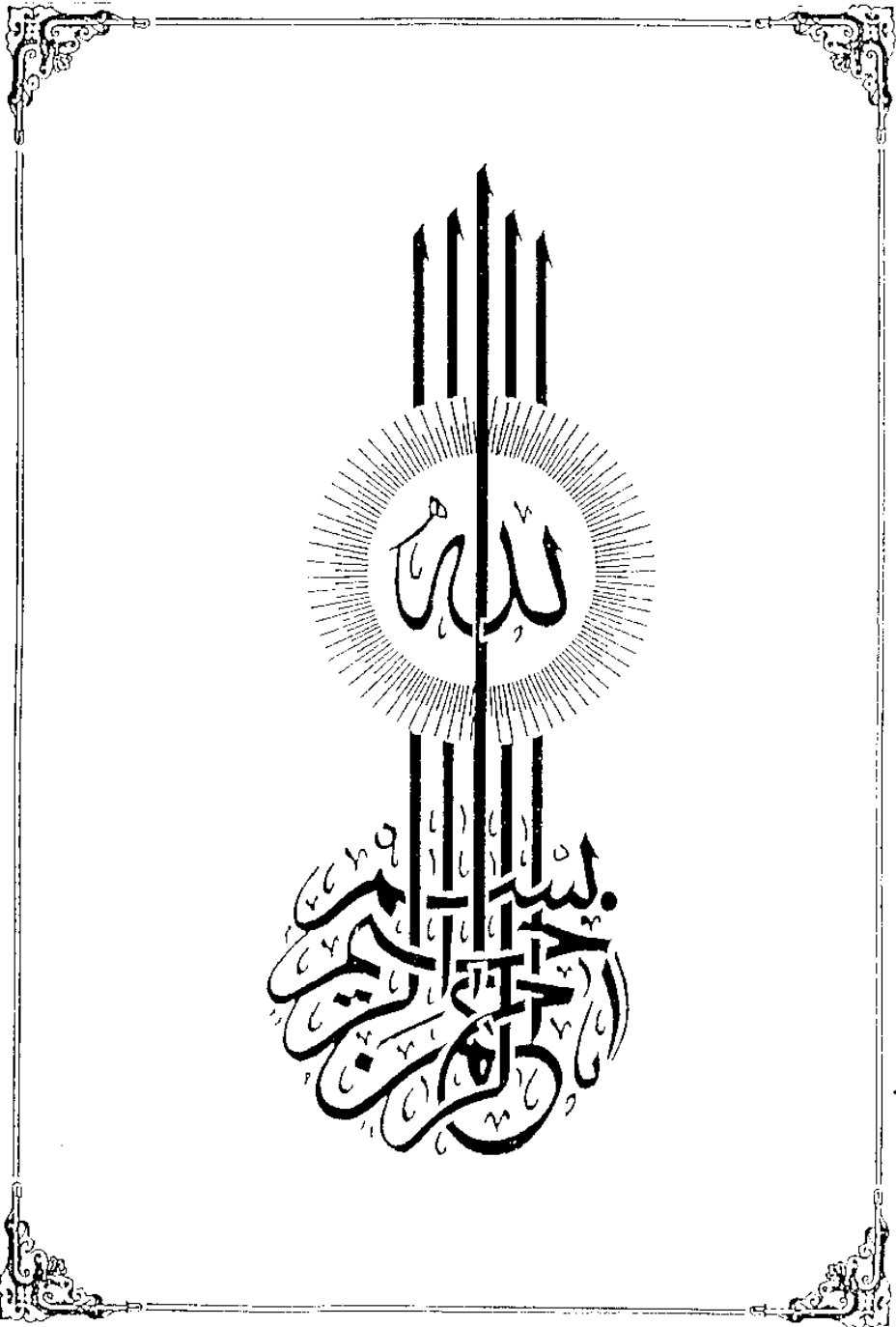
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The block contains several handwritten signatures and dates. On the left, there is a signature with the date '6/7/97' and '133' below it. To the right of this is another signature with the date '13/7/97' above it. Below these are two more large, stylized signatures. The entire block is positioned to the left of the year '1997'.

ACKNOWLEDGMENT

First and foremost, thanks are due to **GOD**, The Most Gracious, The Most Merciful.

I would like to express my deep gratitude and thanks to **Dr. Khaled Abdel Hamid Auf** Assistant Professor of General Surgery, Faculty of medicine, Ain Shams University, for his most valuable advice, kind guidance, contact supervision and continuous encouragement throughout the whole work and it is pleasure to take this opportunity to express my deepest thanks and gratitude to him for his charming personality, fatherly attitude. Any attempt to define my indebtedness to him will be far from complete.

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INTRODUCTION

INTRODUCTION

Gallstone formation is the commonest disorder of the biliary tree and it is unusual for the gallbladder to be diseased in the absence of gallstones. They are classified morphologically and according to their chemical composition into cholesterol, pigment and mixed stones.[Finalyson NDC et al. 1991]

The recent accepted current classification recognizes three main types of gallstones: cholesterol, black pigment and brown pigment stones.

[A. Cuschieri, et al. 1995]

Gallstones have been shown to occur earlier and with higher incidence and frequency in females than in males for all age groups with female to male ratio 4 : 1 in cholesterol type while there is no difference in pigment stones. Gallstones are rare below the age of 10 years and their frequency increases with age. For almost 150 years, stasis, obstruction and inflammation were known as the etiologic mechanisms in cholelithiasis. [Sali, A. 1990]

In Europe, 30 percent of women over 60 years of age have gallstones; however, two-thirds are a symptomatic. Stones are rarer in Africa and in South India but not in North India. (Table 1).

[Mann and Russell, 1995]

Table (1) : Comparison of gallstone prevalence between countries and races. [Sherlock, S.,1997]

Very High	High	Moderate	Low
North American Indian Chile Sweden Czechoslovakia	USA Whites Great Britain Norway Australia Italy	USA Blacks Japan	Greece Egypt Zambia

The commonest presentation of gallstones is flatulent dyspepsia and right hypochondrial pain, however, gallstones may be a symptomatic. Gallstones are diagnosed by ultrasonography with high accuracy, but oral cholecystography may be needed in some cases. **[Mann and Russell, 1995]**

Cholelithiasis and cholecystitis produce a series of epithelial pathologic changes which almost with certainty represent the precursor lesions of carcinoma of the gallbladder.

[Albores-Savvedra, et al. 1980]

The epithelial changes may represent a local chronic response to injury as a consequence of a field effect in the gallbladder mucosa secondary to the presence of gallstones and inflammation.

[Duarte, et al. 1993]

Carcinoma of the gallbladder is the most common malignancy of the biliary tract and account for 3-4% of all gastrointestinal malignancies. The reported autopsy incidence is 0.6-1%. The disease is most commonly seen in elderly women (average age of 65 years) and affects females three times as commonly as males. The exact aetiology is unknown but gallstones are present in 75-90% of reported series of gallbladder cancer.

[A. Cushieri, et al., 1995]

REVIEW OF LITERATURE

