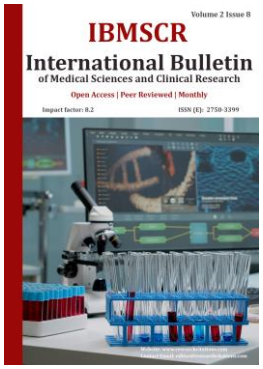

ACUTE CHOLECYSTITIS AND ITS COMPLICATIONS

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Annotation: this article is devoted to such a disease as acute cholecystitis and its complications.

Key words: acalculous form, gallbladder empyema, pericholecystitis, symptoms of Ortner and Mussy-Georgievsky, Cholecystopancreatitis, phrenicus symptom.

Cholecystitis is an inflammatory process that occurs in the gallbladder. About 20% of the world's inhabitants suffer from this pathology today. Moreover, women over 50 years of age are most susceptible to the disease. Inflammation is detected in people of other ages. Moreover, for children and adolescents, a stoneless form is characteristic. Often the disease is diagnosed in developed countries. This is due to a special way of life and eating behavior.

Of great importance for the development of pathology is the stagnation of bile and the infectious process in the gallbladder. Dangerous microorganisms penetrate into the body from other foci with otitis media, periodontal disease and other diseases or from the intestines by contact. Pathogenic microflora is mainly represented by bacteria, viruses, less often by parasites and protozoa.

The main causes of cholecystitis include:

Gallstone disease. Against its background, pathology develops in most cases. This is explained by the fact that stones lead to stagnation of bile. They clog the lumen, injure the mucous membranes and cause adhesions. At the same time, stones support the inflammatory process.

Biliary dyskinesia. This pathology leads to insufficient emptying of the organ, the occurrence of inflammation, the formation of stones. Congenital anatomical anomalies. Scars, curvature, constriction of the bladder, narrowing of the ducts provoke stagnation of bile. Other diseases and neoplasms (including cysts and tumors) can also provoke cholecystitis. Depending on the inflammatory-destructive changes and the severity of signs of cholecystitis, there may be:

Sharp. For the disease in this form is characterized by pronounced signs of inflammation. Usually it proceeds with bright clinical manifestations and obvious intoxication. Pain in acute cholecystitis is intense, undulating.

Chronic. The disease is characterized by a slow course without obvious symptoms. The pain is either completely absent or is mild and aching.

Complicated forms of cholecystitis occur in 69-89% of cases.

1. Empyema of the gallbladder as a result of blockage of the cystic duct by one or more stones. Called by virulent flora. The gallbladder is sharply enlarged. Its wall is thickened, red-brown. In the gallbladder, inflammatory exudate or creamy pus.

In the clinic: throbbing dull pains localized in the right hypochondrium, palpation in this area is sharply painful, the temperature rises to 38-39 0C, chills.

The inflammatory process from the gallbladder spreads to neighboring organs and tissues (pericholecystitis). In chronic or secondary empyema of the gallbladder, the clinic is erased.

2. Perforation of the gallbladder more often at the height of gangrenous cholecystitis as a result of a decubitus of the gallbladder wall with a stone or necrosis of the wall. They are found in 8-23% of the total number of operations for acute cholecystitis. In all cases, the phenomenon of local peritonitis in the gallbladder. The wall of the gallbladder is gangrenous or phlegmonous, edematous, with fibrin overlays, on the mucous membrane and in the thickness of the wall of ulceration, foci of necrosis, limited abscesses reach the serosa. There may be a limited abscess in the area of the gallbladder bed or subdiaphragmatic, subhepatic abscess.

When the gallbladder perforates into a hollow organ, a spontaneous internal biliary fistula is formed. Clinical features of perforation: 2-3 days after the onset of acute cholecystitis, there is a sharp sudden increase in pain in the right hypochondrium, defense, worsening of the general condition. If there is no restriction of the local process, then widespread peritonitis occurs. Lethality 6-75%.

3. Biliary perforated widespread peritonitis. This is the most severe complication of acute cholecystitis. There are 3 stages (Malyugina G.A.):

acute - occurs with a sudden outflow of bile into the abdominal cavity, often accompanied by shock

subacute - with a limited accumulation of bile in the abdominal cavity

chronic - with a weak effect of sterile bile in a limited area.

The acute stage is more often observed. Shock occurs as a result of re-irritation of the extensive receptor apparatus of the peritoneum and abdominal organs by the flow of bile. There is a violation of the activity of vital systems and many functions of the body.

4. Flowing bile peritonitis develops against the background of destructive forms of cholecystitis and with stones in the common bile duct. The clinic grows gradually: there is weakness, adynamia, pain in the right hypochondrium.

5. Acute cholangitis is a severe complication of acute cholecystitis and cholelithiasis. The main reason: more often cholelithiasis, less often gallbladder cancer and acalculous cholecystitis. The infection penetrates the biliary system by ascending enterogenic, lymphogenous or hematogenous routes.

Contributing factors:

- gallstones
- cicatricial stenosis and insufficiency of Vater's nipple
- indurated pancreatitis
- cicatricial and traumatic strictures of the common bile and common hepatic ducts
- biliary fistulas

The bile ducts are swollen, edematous, hyperemic, their lumen is narrowed. In the lumen of the small ducts there is cloudy thick bile with an admixture of purulent fluid and cellular detritus. In larger ducts, purulent bile, putty-like masses and sand.

Clinic: fever 39-40 0C, sudden debilitating chills, heavy sweats, nausea, vomiting, constant dull pains in the right hypochondrium, which are bursting in nature. Such conditions are repeated up to several times a day. Most patients have jaundice, rarely only icterus of the sclera and mucous membranes. The tongue is dry, covered with a brown coating. The liver is enlarged, swollen, dense, sharply painful. Positive symptoms of Ortner and Mussi-Georgievsky. With

liver abscesses, defense and soreness in the right hypochondrium are more pronounced. The deterioration of the general condition progresses. With cholangitis, the liver and kidneys may be involved in the process.

The situation becomes much more complicated with the development of obstructive jaundice against the background of acute cholecystitis. The disease can be complicated by cholangitis, damage to hepatocytes, further aggravation of intoxication, and the development of liver and kidney failure. Obstructive jaundice often develops in elderly and senile people, whose compensatory capabilities of the body are very limited, and surgery against the background of acute cholecystitis is a great risk. In this situation, urgent endoscopic papillotomy is promising. In recent years, punctures and external drainage of the gallbladder have been successfully used to treat acute cholecystitis in patients with an increased operational risk. Under the control of a laparoscope or ultrasound, the gallbladder is punctured, its infected contents (bile, pus) are evacuated through the liver tissue, after which a flexible plastic catheter is installed in the lumen of the bladder to aspirate the contents and locally administer antibiotics. This allows you to stop the development of the inflammatory process, destructive changes in the wall of the gallbladder, quickly achieve a positive clinical effect, avoid forced, risky surgical interventions for the patient at the height of the process and not perform surgery without proper preoperative preparation..

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