International Journal of Medical Sciences And Clinical Research
(ISSN – 2771-2265)
VOLUME 04 ISSUE 06 PAGES: 78-83
OCLC – 1121105677
Crossref doi Google Scholar WorldCat MENDELEY

Publisher: Oscar Publishing Services

Journal Website: https://theusajournals.com/index.php/ijmscr

Research Article

A CASE OF CHRONIC CALCULOUS CHOLECYSTITIS COMPLICATED BY ADENAMATOSIS

Submission Date: June 17, 2024, Accepted Date: June 22, 2024,
Published Date: June 27, 2024
Crossref doi: https://doi.org/10.37547/ijmscr/Volume04Issue06-12

Mekhriddinov M.K.
Bukhara State Medical Institute, Uzbekistan

ABSTRACT

This article discusses the main points of the clinical course, the difficulties of diagnosis and a number of aspects of the mechanisms of development of chronic calculous cholecystitis. The issues of modern diagnosis of chronic calculous cholecystitis and its complications are considered.

KEYWORDS

Chronic calculous cholecystitis, diagnosis, treatment tactics.

INTRODUCTION

Calculous cholecystitis is a form of chronic cholecystitis, characterized by the presence of stones in the gallbladder [2,8,10,14]. The main cause of calculous cholecystitis is the formation of stones that damage the mucous membrane of the gallbladder and cause its inflammation. In 90% of cases, the gallbladder becomes inflamed due to blockage of the bile ducts by stones, and its removal is the second most common operation in the world. Stones in the bile ducts are present in 6.5% of men and 10.5% of women [1,6,11,17,21,25].

Stones are clots of bilirubin (bile pigment) and cholesterol, which crystallize due to metabolic disorders and stagnation of bile. Calculous cholecystitis, as a rule, develops due to obstruction of the gallbladder. It occurs due to stones that move into the neck of the gallbladder (the narrow place through

International Journal of Medical Sciences And Clinical Research
(ISSN – 2771-2265)
VOLUME 04 ISSUE 06 PAGES: 78-83
OCLC – 1121105677
Crossref doi Google Scholar WorldCat MENDELEY
Publisher: Oscar Publishing Services

which bile enters the ducts) or the cystic duct and block them [3,7,12,15,22,24].

Calculous cholecystitis is an acute condition that requires timely and adequate treatment. Blockage of the bile ducts not only causes stagnation of bile, but also damages the organ tissue and interferes with its normal blood supply [5,9,18,23]. In addition, stagnation of bile creates favorable conditions for the growth of pathogenic microflora. In fact, calculous cholecystitis is the most common type of cholecystitis that develops against the background of cholelithiasis. However, it is also often defined as a symptomatic form of gallstone disease, since the causes of the diseases are the same, but the manifestations are different (often gallstone disease is asymptomatic) [4,8,13,19].

The disease can have a long latent course. Classic manifestations of calculous cholecystitis are a feeling of heaviness and pain in the right hypochondrium, bitterness in the mouth, nausea, and attacks of gall bladder colic [8,16,20].

Signs by which a specialist may suspect calculous cholecystitis: characteristic complaints of the patient; a previous attack of acute calculous cholecystitis; pain when palpating the abdomen in the area of the gallbladder in the absence of symptoms of biliary colic and acute cholecystitis. To verify the correctness of the proposed diagnosis, laboratory and instrumental examinations are prescribed [1,10,19].

Diagnosis of calculous cholecystitis is carried out taking into account data from x-ray, ultrasound, and radionuclide methods of studying the gallbladder. Treatment of calculous cholecystitis may include litholytic therapy or surgery - cholecystectomy [4,8,11,21].

Without treatment, these processes progress and can cause health and life-threatening complications. Possible complications of calculous cholecystitis: transition of inflammation to nearby organs and tissues with the development of cholangitis (inflammation of the bile ducts), pancreatitis (inflammation of the pancreas), pleurisy (inflammation in the pleura - the lining of the lungs), pneumonia (inflammation of the lungs); empyema of the gallbladder - accumulation of a large amount of pus in the cavity of the gallbladder; transition of the purulent-inflammatory process to nearby tissues, accompanied by the formation of a peri-vesical abscess; development of diffuse peritonitis - inflammation of the abdominal cavity - due to bile entering it (without emergency surgical intervention it can be fatal); sepsis is blood infection when pathogens enter the bloodstream [3,12,16].

Only a doctor can diagnose calculous cholecystitis based on the patient's complaints, examination results, as well as laboratory and instrumental tests [8,14,20].

International Journal of Medical Sciences And Clinical Research
(ISSN – 2771-2265)
VOLUME 04 ISSUE 06 PAGES: 78-83
OCLC – 1121105677
Crossref doi Google Scholar WorldCat MENDELEY
Publisher: Oscar Publishing Services

One of the severe complications of chronic calculous cholecystitis may be adenomatous proliferation of tissue in the walls of the gallbladder due to the long-term presence of stones in it. It is necessary to strive to find and eliminate stones in the biliary tract, which can be successfully eliminated by traditional or endosurgical methods.

We present our own clinical observation of one of the complications of chronic calculous cholecystitis - adenomatous proliferation of tissue in the walls of the gallbladder and its treatment.

The purpose of the study: To describe clinical observations of the treatment of chronic calculous cholecystitis.

RESULTS AND DISCUSSION

Uunder our supervision, patient B.T., born in 1959 (64), was admitted to the hospital with complaints of dull, aching pain in the right hypochondrium, of medium intensity, arising after eating fatty and fried foods, radiating to the right shoulder blade, right supraclavicular region; heartburn, bitterness in the mouth, nausea, moderate bloating, diarrhea, as well as periodic increases in blood pressure, accompanied by headaches in the temporal region, slight dizziness, and weakness.

She considers herself sick for the last 15 years, when she began to notice bitterness in her mouth and nausea after eating fatty and fried foods. For which I was treated several times. In connection with these manifestations of the disease, she regularly began taking allochol, 1 tablet twice a day, after taking which a positive effect was observed. Over the past 6 months, heartburn, bloating, dull, aching pain in the right hypochondrium have developed, arising after eating fatty and fried foods, radiating to the right shoulder blade, right supraclavicular region, which is not relieved by taking allochol. In this regard, the supervised patient began to avoid eating fried and fatty foods and continued to take allohol regularly, but dyspepsia and pain in the right hypochondrium continued to bother her. These complaints were addressed to the clinic at the place of residence, where she was examined (ultrasound of the abdominal organs - in the cavity of the gallbladder (GB) an echo-dense inclusion, up to 13 mm in size with an acoustic shadow, with inflammatory and destructive changes in the walls of the gallbladder) and sent to the regional medical center with a diagnosis of cholelithiasis. Chronic calculous cholecystitis with deformation of the gallbladder" for planned cholecystectomy.

After planned appropriate preoperative preparation, under intubation anesthesia, an operation was performed - lparotomy, cholecystectomy. During the audit, the presence of multiple adhesions around the gallbladder was determined, which were separated with technical difficulties and errors. A

International Journal of Medical Sciences And Clinical Research
(ISSN – 2771-2265)
VOLUME 04 ISSUE 06 PAGES: 78-83
OCLC – 1121105677
Crossref doi Google Scholar WorldCat MENDELEY
Publisher: Oscar Publishing Services

cholecystectomy was performed. After debridement of this wound, a drainage tube was left in the abdominal cavity. Upon further inspection, no other pathological changes or damage were found; after drainage of the abdominal cavity, the wound was sutured in layers. The gallbladder was sent for histological examination, where a histomorphological diagnosis was established: adenomyoma of the gallbladder walls with dysplasia. In the postoperative period, the patient received analgesics, antibacterial, infusion-transfusion, restorative, and symptomatic treatment. Enteral nutrition was started in small increments, starting from the 6th day. After stabilization of the somatic condition, he was discharged from the hospital on the 10th day, under the supervision of a doctor at the place of residence.

CONCLUSION

Prolonged presence of stones not only causes calculous cholecystitis, but they can also cause tumor-like growth of gallbladder tissue. Therefore, patients with calculous cholecystitis should undergo a more thorough examination for oncological suspicion.

REFERENCES

1. Analysis of the incidence of chronic calculous cholecystitis. Zaripova A.I., Styazhkina S.N., Khazimullina E.R. Problems of Science. 2015. No. 6. p.1-3.
2. Vorotyntsev A.S. Modern ideas about the diagnosis and treatment of cholelithiasis and chronic calculous cholecystitis. "Attending doctor". No. 02, 2012
3. Modern aspects of surgery for calculous cholecystitis. Malyarchuk V.I., Rusanov V.P. Bulletin of RUDN University. Series: Medicine. 2000. No. 1. p.106-107
4. Clinical case in surgical practice: acute calculous cholecystitis. Styazhkina S.N., Larionova A.Yu., Kilina A.S. StudNet. 2020. No. 6. pp.193-197.
5. K., M. M. (2022). Modern View on the Problems of Etiopathogenesis and Treatment of Destructive Forms of Pneumonia in Children. Central Asian Journal of Medical and Natural Science, 3(2), 248-255.
6. Diagnosis and surgical treatment of complicated forms of cholecystolithiasis. Madyarov V.M., Sakhipov M.M., Zhaparkulova G.R. Bulletin of KazNMU. 2021. No. 3. pp.391-394.
7. Acute calculous cholecystitis (diagnosis and treatment protocols). Bagnenko S.F., Borisov A.E., Verbitsky V.G., et al. Bulletin of surgery. 2007. No. 3. pp.75-77.
8. Orevkova Olga Dmitrievna, Galaganova Alexandra Alekseevna, & Styazhkina Svetlana Nikolaevna (2017). Chronic cholecystitis (clinical case). Issues in Science and Education, (11 (12)), 209-212.

International Journal of Medical Sciences And Clinical Research
(ISSN – 2771-2265)
VOLUME 04 ISSUE 06 PAGES: 78-83
OCLC – 1121105677
Crossref doi Google Scholar WorldCat MENDELEY
Publisher: Oscar Publishing Services

9. E.V. Onuchina, A.A. Rozhansky, I.A. Poshkaite /Onuchina E.V., Rozhansky A.A., Poshkaite I.A.// Siberian Medical Journal (Irkutsk), 2002. – P.84.
10. F.S., R. (2023). TO THE ETIOPATHOGENETIC TREATMENT OF ADHD IN CHILDREN. Research
11. Journal of Trauma and Disability Studies, 2(5), 239–244.
12. Khamraev, A. Zh., & Raupov, F. S. (2022). EXPERIMENTAL AND MORPHOLOGICAL RATIONALE FOR COLON RESECTION IN CHILDREN. VOLUME-1, 599.
13. Khamraev, A. Zh., & Raupov, F. S. (2020). Extensive resection of the colon in children, problems and possible solutions. Bulletin of the Association of Doctors of Uzbekistan, (3), 100.
14. Jones MW, Gnanapandithan K, Panneerselvam D, et al. Chronic Cholecystitis/StatPearls. 2022.
15. Jones MW, Genova R, O'Rourke MC Acute Cholecystitis/StatPearls. 2022.
16. Kobilov, E. E., Raupov, F. S., & Mansurov, A. B. (2014). Phytobezoar, which was the cause of intestinal obstruction. Pediatric Surgery, 18(6), 54-55.
17. Raupov, F. S., & Mekhriddinov, M. K. (2021). Results of the Complex Treatment of Acute Bacterial Destruction of the Lungs in Children. Central Asian Journal of Medical and Natural Science, 146-149.
18. Raupov, F. S. (2022, September). Preventive measures of complications of colon resection in children in consideration of morphological features. In "ONLINE-CONFERENCES" PLATFORM (pp. 41-42).
19. Raupov F. S. (2023). To Etiopathogenetic Treatment of Obp in Children. Research Journal of Trauma and Disability Studies, 2(6), 1–4.
20. Raupov, F., & Pardaev, F. (2023). THE SIGNIFICANCE OF CONCOMITANT PATHOLOGIES OF THE ORGANISM FOR THE CLINICAL COURSE OF CHRONIC RHINOSINUSITIS IN
21. CHILDREN. International Bulletin of Medical Sciences and Clinical Research, 3(4), 66–69.
22. Raupov, F.S., & Kobilov, EE EVALUATION OF THE EFFECTIVENESS OF OZONE THERAPY FOR PURULENT SURGICAL INFECTION IN CHILDREN13.
23. Mekhriddinov, M. (2022). Immunological factors in the pathogenesis of development of destructive pneumonia in children. International Bulletin of Applied Science and Technology, 2(11), 49–54.
24. Raupov, F. S. (2023). Morphological Features of the Ceca in the Area of Sphincters in White Laboratory Rats in Early Postnatal Ontogenesis. Scholastic: Journal of Natural and Medical Education, 2(4), 142-145.
25. Raupov, F. S. (2022, September). COMPLICATIONS OF COLON RESECTION IN CHILDREN. In "ONLINE-CONFERENCES" PLATFORM (pp. 131-132).
26. Mekhriddinov MK (2022). MODERN VIEW ON THE PROBLEMS OF ETIOPATOGENESIS AND TREATMENT OF DESTRUCTIVE FORMS OF PNEUMONIA IN CHILDREN.

International Journal of Medical Sciences And Clinical Research (ISSN – 2771-2265)
VOLUME 04 ISSUE 06 PAGES: 78-83
OCLC – 1121105677
Crossref doi Google Scholar WorldCat MENDELEY
Publisher: Oscar Publishing Services

27. International Journal of Medical Sciences And Clinical Research, 2(11), 19–26.
28. Gomes CA, Junior CS, Di Saverio S, et al. Acute calculous cholecystitis: Review of current best practices // World J Gastrointest Surg. Vol. 9(5). 2017. P. 118–126. doi:10.4240/wjgs.v 9.i5.118