XVIII. Diseases of Liver, G. Bladder, Pancreas & Peritoneum

G. Bladder

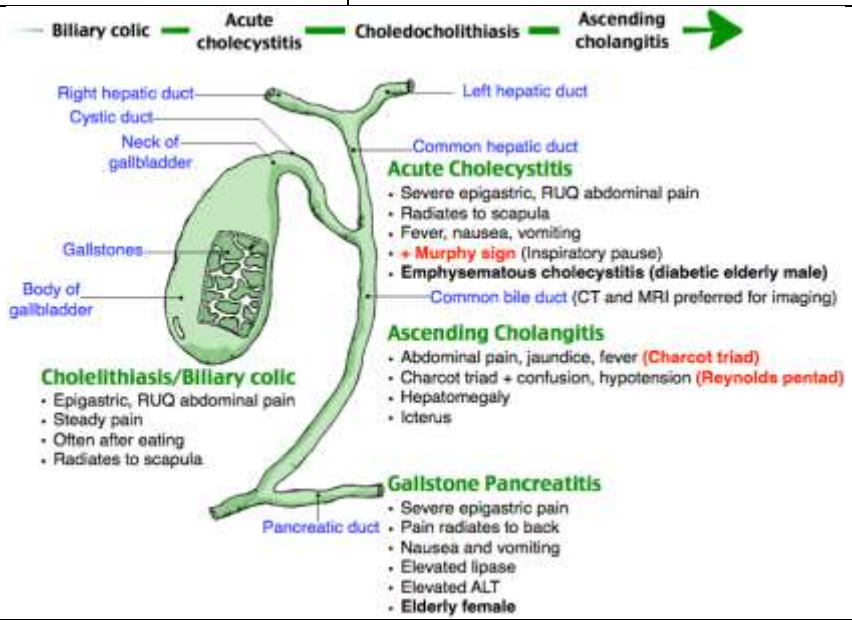
Acute Cholecystitis		***III- 7. 311***		
Gall bladder:	***Size:***	Is increased Swollen (and tense)		
	***Walls:***	Congested Haemorrhagic (bright red)		
	Serosa:	Fibrinous exudate		
	Mucosa:	**Oedematous and thickened** Fibrinous exudate Ulcerations		
		Ulcers:	Minute Rounded	
	Cavity:	Distended		
	Contents:	Turbid yellowish bile (which is slightly purulent & haemorrhagic)		

N.B.:

- This is an acute suppurative inflammation of the gall bladder.
- The disease is commoner in females who are fatty and above 40 years old.

4 F's are seen:

1) Fatty
2) Fertile
3) Female
4) Forty or Fifty



Types of acute cholecystitis:

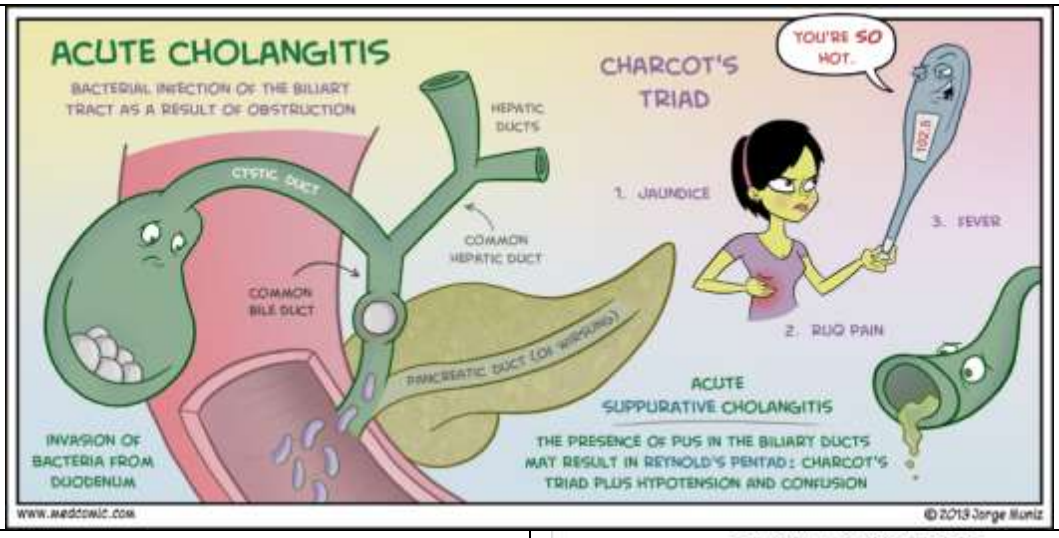
1. *Catarrhal.*
2. Suppurative and phlegmonous.
3. Gangrenous.

Causative agents:

1. **Infection by bacteria which reach the gall bladder by blood, lymphatics** and bile or by direct extension from neighbouring organs.
2. Chemical irritation by retained bile (and occasionally by pancreatic reflux). od
3. Increase concentration of bile salts.
4. In association with gall stones → obstruction → retained bile. old
5. As a complication of general systemic infections.

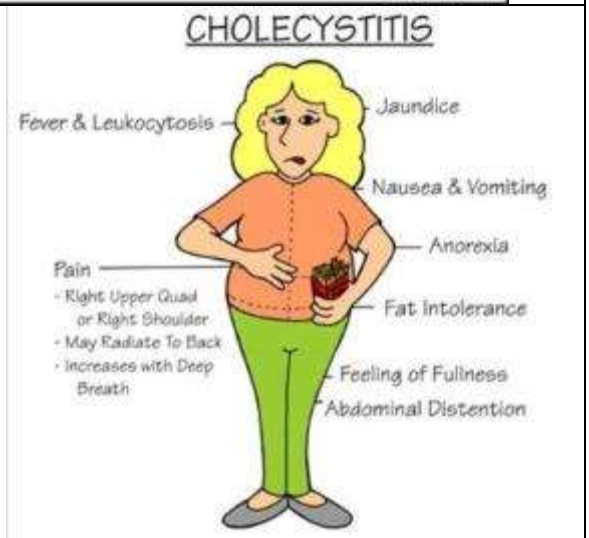
Fate:

1. Clearing up (when treated) or chronicity (when untreated).
2. Mucocele (distension with mucus when the inflammation is mild and catarrhal, and is associated with obstruction of the cystic duct).
3. Empyema of gall bladder (associated with obstruction and severe infection).
4. Necrosis, ulceration and perforation →localized peritonitis, sub-diaphragmatic abscess or diffuse septic peritonitis.
5. Fistula-formation.

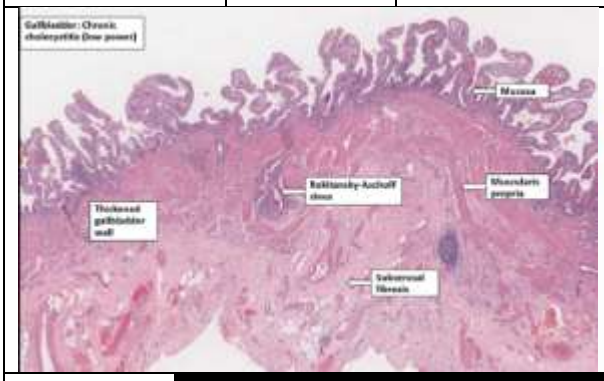


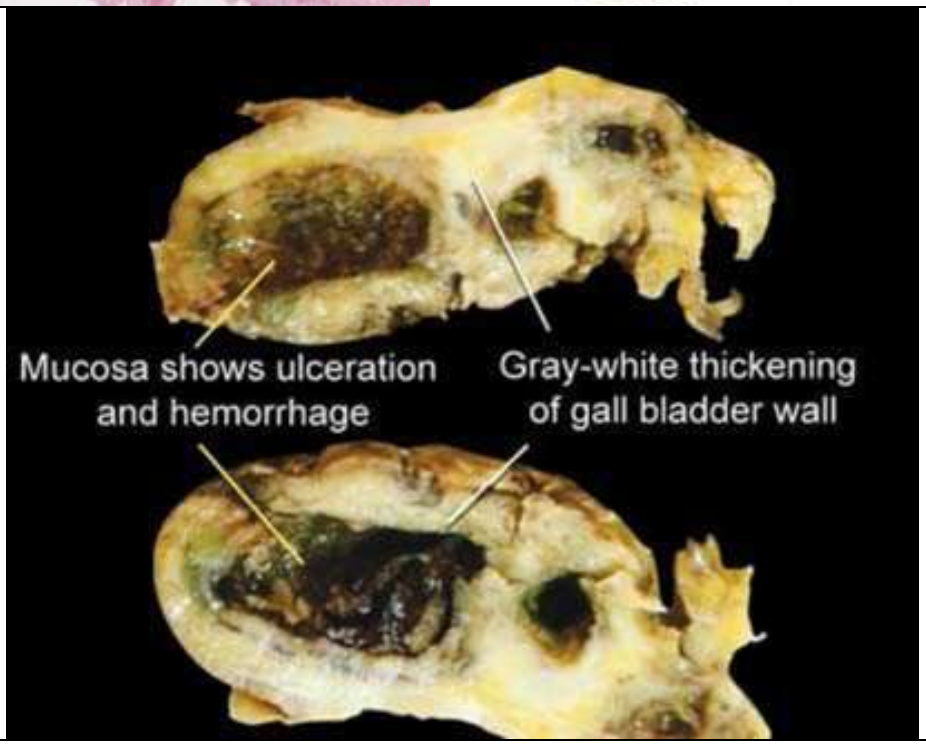
Clinically,

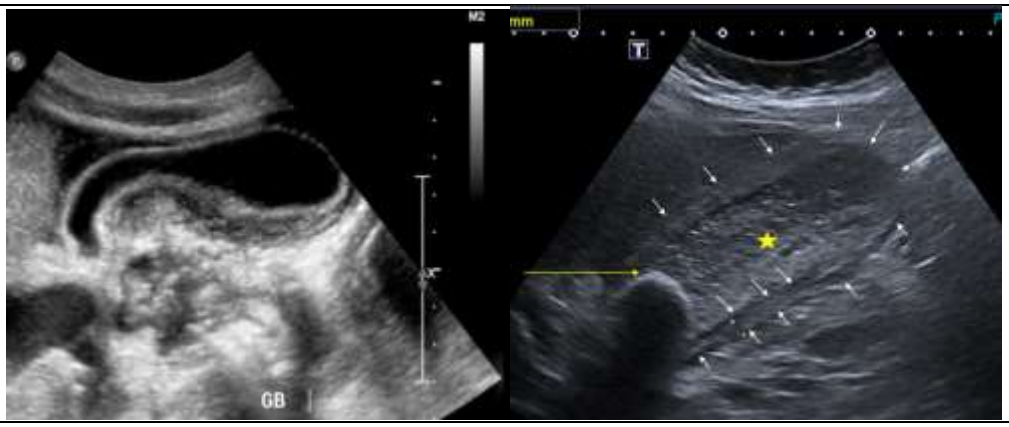
- ***Acute onset of right hypochondrial pain (referred to shoulder),***
- ***Nausea and vomiting,***
- ***Fever,***
- ***Leukocytosis,***
- ***Jaundice and***
- ***A palpable gall bladder***
- ***A rigid abdominal wall.***



Chronic Cholecystitis		
Gall bladder	***Size:***	• Somewhat small (contracted).
	Wall:	• Thickened • With adhesions (sequel of previous inflammation) • Not translucent (dull with subserosal fibrosis) • Stiffened • Greyish-white (and opaque on section)
	Mucosa:	• Scarred • Atrophic
	Cavity:	• About normal (or slightly contracted)
	Contents:	• Yellowish-brown fluid







N.B.I:

- ***Chronic cholecystitis may be chronic from the start (insidious) or is on top of acute cholecystitis.***
- ***The etiology is the same as of acute but in a different manner.***

Clinically,

- Nausea and vomiting,
- Epigastric distress especially with fatty foods,
- Dyspepsia and belching (all in an insidious and chronic state).

N.B.2:

- A form of cholecystitis may be produced by bilharzial lesions in the mucosa including **sandy patches; adhesions between gall bladder and liver may occur;**
- **Schistosoma ova dislodged in the lumen → nucleus for a stone.**