



Original Research Article

Volume 11 Issue 6

Nov-Dec 2022

CHOLELITHEASIS: A CASE STUDY

Dr. Manjunath S Naregal

Assistant Professor, Department of Shalyatantra, S.D.M. Institute of Ayurveda Bengaluru-
Karnataka, India

Email ID: mahamanjunathnaregal@gmail.com

ABSTRACT

Incidence of Gallstones is not uncommon in general population. These are rare in the first two decades. Incidence gradually increases after 21 years and it reaches the pick in the 5th and 6th decades. Women are affected more often than men in the ratio of 4: 1. It is said that gallstone is more common in Fat. Fertile (multiparous), Forty and Females i.e. four F's Composition of gallstone varies considerably. But the major elements in gallstone are cholesterol, bile pigment and calcium. Gallstone also includes iron, carbonates, phosphorus, cellular debris, mucus and carbohydrate.¹

Liberal use of cholecystography and ultrasonography has resulted in the diagnosis of asymptomatic gallstones. Such gallstones after a long followup 50% has turned symptomatic and serious complication have occurred in 20% of cases. the most dreaded complication of asymptomatic gallstone is carcinoma of the gallbladder

Here we report a case of Cholelithiasis presented with mild abdomen pain.

Key words - Cholelithiasis, gallbladder

INTRODUCTION -

Cholelithiasis involves the presence of gallstones (see the image below), which are concretions that form in the biliary tract, usually in the gallbladder. Choledocholithiasis refers to the presence of one or more gallstones in the common bile duct (CBD). Treatment of gallstones depends on the stage of disease.

Symptoms and complications result from effects occurring within the gallbladder or from stones that escape the gallbladder to lodge in the CBD.

Pathogenesis of stone.- Mainly there are four factors which contribute to the formation of gallstones. These are: 1. Metabolic factor, 2. Reflux factor, 3. Stasis factor and 4. Infective 2

Ultra-sonography and cholecystography is the commonest, cheap and non invasive imaging technique adopted for evaluation of such complaints.

CASE REPORT-

A 47 years old female patient came to Shalyatantra OPD of SDM Institute of Ayurveda Bengaluru with the complaint of several episodes of pain in the right upper quadrant since 3 years. Associated with Nausea and vomiting. no irregularity of bowel habits , no fever, no loss of body weight, non D.M. and HTN.

On physical examination.

Tenderness at right upper quadrant, without rebound or guarding. Fever is absent.

Ultra sonography revealed normal distended gallbladder and shows evidence of two calculi measuring 5.0mm and 4.0 mm with normal thickening of bladder wall with an impression of cholecystolithiasis.

Advised treatment for the above case is,

Tab.Arogyavardhini vati 1-1-1 B/F.

Tab.Kamaduga ras (plain) 1-1-1 A/F

Kumariasava 3tsf - 0- 3tsf A/F.

for a period of 3months

DISCUSSION -

Gallstone disease may be thought of as having the following four stages:

1. The lithogenic state, in which conditions favour gallstone formation
2. Asymptomatic gallstones
3. Symptomatic gallstones, characterised by episodes of biliary colic
4. Complicated cholelithiasis

Symptoms and complications of gallstone disease result from effects occurring within the gallbladder or from stones that escape the gallbladder to lodge in the common bile duct.

Gallstones may be associated with other diseases in the body like.

Saint's triad.— Gallstones, hiatus hernia and diverticulosis of the colon may coexist. The patient presents with flatulent dyspepsia.

Cholecystic heart.—Diseased gallbladder may cause decreased coronary blood flow, arrhythmia or heart block. This is known as cholecystic heart.

Asymptomatic gallstones.—Liberal use of investigation and imaging techniques like ultrasonography has accidentally shown the asymptomatic gallstones.

Hydrops of the gallbladder.— Usually cholesterol type of gallstone may impact in the cystic duct or neck of the gallbladder resulting in hydrops.

Flatulent dyspepsia.— Stones in the gallbladder may cause such symptoms as flatulent dyspepsia. This symptom includes a feeling of fullness after food, belching and heart burn which becomes worse after a large or fatty meal.

Gallstone colic.— When small calculi accumulate at the neck or at the entry of the cystic duct, muscles of the gallbladder contract vigorously to expel those calculi from obstructing its mouth. Such vigorous muscle contraction of gallbladder causes gallstone colic.³

INVESTIGATIONS.—Ultrasonography is the procedure of choice in suspected gallbladder or biliary disease; it is the most sensitive, specific, noninvasive, and inexpensive test for the detection of gallstones.⁴

Consider that both intra-abdominal and extra-abdominal pathology can present as upper abdominal pain, and that these conditions may coexist with cholelithiasis. Among the different entities to consider are peptic ulcer disease, pancreatitis (acute or chronic), hepatitis, dyspepsia, gastroesophageal reflux disease (GERD), irritable bowel syndrome, esophageal spasm, pneumonia, cardiac chest pain, and diabetic ketoacidosis.

Differential Diagnoses includes,

Acute Pancreatitis-Abdominal pain (cardinal symptom): Characteristically dull and steady.

Bile Duct Strictures - Bile duct strictures may be asymptomatic but, if ignored, can cause life-threatening complications, such as ascending cholangitis, liver abscess, and secondary biliary cirrhosis.

Bile Duct Tumors - Jaundice is the usual presenting symptom, followed by pruritus, which is a feature distinguishing a bile duct tumor from biliary cirrhosis. One third of patients present with mild epigastric pain. Diarrhea, anorexia, and weight loss are the other presenting symptoms.

Cholangiocarcinoma - Signs and symptoms of cholangiocarcinoma include the following: Jaundice (most common manifestation), Clay-colored stools, Bilirubinuria (dark urine), Pruritus, Weight loss, Abdominal pain

Cholecystitis - The most common presenting symptom of acute cholecystitis is upper abdominal pain. The following characteristics may be reported:

Signs of peritoneal irritation may be present, and the pain may radiate to the right shoulder or scapula

Pain frequently begins in the epigastric region and then localizes to the right upper quadrant (RUQ)

Pain may initially be colicky but always becomes constant.

Nausea and vomiting are generally present, and fever may be noted.

Emergent Treatment of Gastroenteritis- Gastroenteritis is a nonspecific term for various pathologic states of the gastrointestinal tract. The primary manifestation is diarrhoea, but it may be accompanied by nausea, vomiting, and abdominal pain.

Gallbladder Cancer- In its early stages, gallbladder cancer is often asymptomatic. When signs and symptoms do develop, they often overlap with those of gallstones (cholelithiasis) and biliary colic (cholecystitis). Signs and symptoms may become present during the later stages of the disease and may include the following:

Jaundice, Pain above the stomach, Fever, Nausea and vomiting, Bloating, Lumps in the abdomen, anorexia, and weight loss often indicate more advanced disease,

Pancreatic Cancer- Pancreatic cancer is the tenth most common cancer in men and the eighth most common in women, but it is the fourth leading cause of cancer deaths, being responsible for about 7% of all cancer-related deaths.

Peptic Ulcer Disease - possible manifestations include the following:

Dyspepsia, including belching, bloating, distention, and fatty food intolerance, Heartburn, Chest discomfort, Hematemesis or melena. The drugs used here are basically processes the property of Tridosha shamaka specially pitha shamaka, and does the karshana there by acts in cholilithiasis.

CONCLUSION -

Asymptomatic gallstones are often found accidentally on plain radiographs, abdominal sonography or computed tomography (CT) for workup of other processes.

If gallstones are >2cm and which is obstructed in CBD which may require Emergent surgical intervention.

Here a case of cholelithiasis with huge size of 5mm and 4mm which usually requires surgical intervention treated with only conservative management.

REFERENCES:

1. S Das, A concise Textbook of surgery, Published by Dr.S.das, 6th edition, Pg860, Pp 1226.

2. S Das, A concise Textbook of surgery, Published by Dr.S.das, 6th edition, Pg860, Pp 1226.
3. S Das, A concise Textbook of surgery, Published by Dr.S.das, 6th edition, Pg862-863, Pp 1226.
4. Stogryn S, Metcalfe J, Vergis A, Hardy K. Does ultrasonography predict intraoperative findings at cholecystectomy? An institutional review. *Can J Surg.* 2016 Feb. 59(1):12-8.
5. Dauer M, Lammert F. Mandatory and optional function tests for biliary disorders. *Best Pract Res Clin Gastroenterol.* 2009. 23(3):441-51.
6. Demehri FR, Alam HB. Evidence-based management of common gallstone-related emergencies. *J Intensive Care Med.* 2016 Jan. 31(1):3-13.
7. Tazuma S, Unno M, Igarashi Y, et al. Evidence-based clinical practice guidelines for cholelithiasis 2016. *J Gastroenterol.* 2017 Mar. 52(3):276