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Research Article

**CYSTIC DUCT OBSTRUCTION, GALL BLADDER
INFLAMMATION AND THE INCIDENCE OF PAIN EXPERIENCED
BY THE PATIENTS****¹Dr. Muhammad Haroon, ²Dr. Muhammad Awais Latif, ³Dr. Sheher Bano**¹Medical officer, DHQ Hospital, Kasur²FMH College of Medicine and Dentistry³Sahiwal Medical College Sahiwal**Abstract:**

Objective: The main idea of the study was to know about the amount of the pain faced by the patients due to inflammation of the gallbladder because a gallstone obstructs the cystic duct.

Study Design: Observations carried out for investigations of proper cause.

Place and Duration: The place of the study was the Mayo Hospital, Lahore (Surgical Department) which commenced from March, 2016 and culminated on April, 2017.

Methodology: Sixty patients of the inflammation of the serious gall bladder illnesses were the participants of the study. Documentation was used to record the data about the medical conditions, active results and treatment methods of the participants. Liver tests, blood tests and ultrasound were used for the better treatment of the patients. Hepatobiliary aminoacidic acid scan and computed tomography scan were performed according to the requirements. Different other studies were included for further investigations.

Results: Sixty patients were the part of the study and more than eighty three percent were the females. More than forty one percent were included in colic group. Fifty six percent patients were with murphy's symptoms. Eighty four percent of patients were found with diseases diagnostic in ultrasound. Fever was found in more than seventy one percent patients. Sixty-eight patients found inflammation in the gall bladder and sixteen percent participants were with serious inflammation whose relation was lower than twelve hours. More than sixty five percent patients were found with gallbladder diseases. More than twenty eight percent participants lead by the diseases of gall bladder chronically. **Conclusion:** The active outcome of the study was pain duration.

Key Words: Tomography, Colic, Inflammation, Hepatobiliary and Symptoms.

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INTRODUCTION:

Stones found in the gall bladder are the cause of the diseases in more than ninety percent participants. Ten percent occurrence of the stones in the gall bladder was found in the young. From one to two percent of these participants got diseases of gall bladder every year and 2/3 of the participants finds with no disease [1]. Old age, women gender, fatness, having baby in body, use of the drugs and less body weight are the danger aspects of the formation of the stone in the gall bladder [2]. Patients of hypertension, patients getting nourishment from their parents, patients with diseases due to the presence in tissues of harmful bacteria and their toxins, typically through infection of a wound and patients having failures of different organs are not commonly suffered by this disease. The swelling of the gall bladder is not found in the patients having the acute formation of the stone in the gall bladder [3]. The serious puffiness of the gall bladder causes a great pain and suffering in related parts of body. There is a variation in the intensity of the pain. It can be beyond bear or less pain. It can be for some moments or for a long period of time. Patients of these diseases are admitted in extreme worse conditions and five percent of these patients got surgeries in United Kingdom [4]. There are different types of diseases caused by the infections of gall bladder [1]. The serious swelling of the gall bladder causes a great pain in the upper portion of the abdomen for twelve hours. Gallstone colic is momentary pain in the abdomen without infection. Active outcomes were strongly indicated by the length of the suffering faced by participants [1]. Administration plan of the participants was made on the length of the suffering faced by the participants. The removal of the gall bladder is very much in practice in many medical centers [1]. Removal of the gall bladder through small punctures in the abdomen to permit the insertion of a laparoscope is providing good results [1]. This research provides us that the length of the pain shows the operational outcomes.

METHODOLOGY:

This observation-based study was held at Mayo Hospital, Lahore (Surgical Department) which commenced from March, 2016 and culminated on April, 2017.

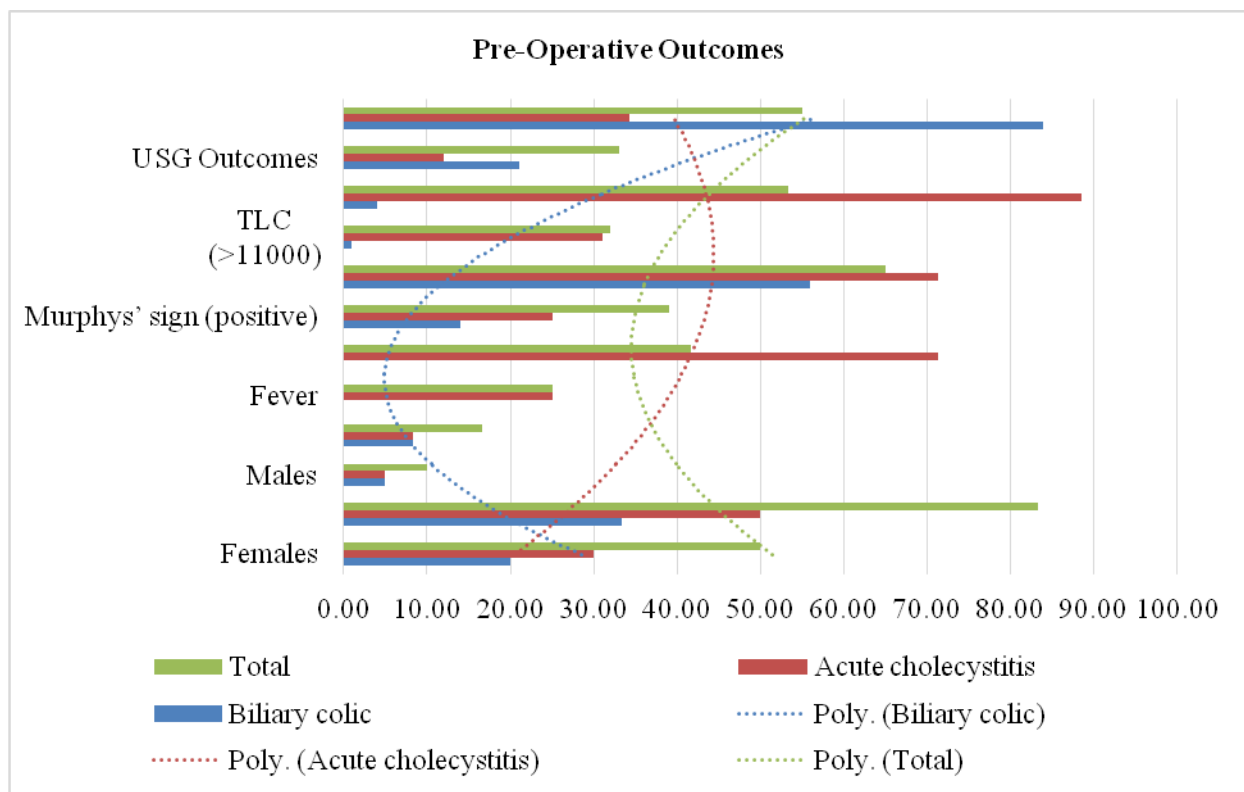
Sixty participants were selected by the use of sampling method. Both genders were present in the participants. They all have the background of having pain in the right upper portion of the abdomen which is caused by the foods full of fat. Ultrasound scan gave the confirmation of formation of stones in the gall bladder in all the participants. Participants were divided into two major groups. One was gallstone colic having pain in the upper part of abdomen less than twelve hours and amount of the leucocytes was less than eleven thousand [35]. The second group was having acute calculous cholecystitis having pain in the upper portion of abdomen more than twelve hours and width of the wall was found four millimeters by ultrasonic scans. All the participants are suffering from different diseases as formation of the stones in the gall bladder, the loss of body weight bitter and resentful. The participants were included in the study after the consent of all the participants was taken. The operations of the participants were carried out by specialists. The removal of the gall bladder through the abdomen was carried out through operation in all the patients which is known as open cholecystectomy. Documentation of all the participants of the study including different details about their medical conditions was carried out by the writer of this study and his team. A software SPSS version twenty was used for the exact calculations of the outcomes.

RESULTS:

Sixty patients were interrogated in this study. Eighty-three-point three percent participants were females and sixteen-point seven percent participants were men. The age of the participants was from thirty to fifty years. Twenty-five participants were the members of group related to gall stone colic and thirty-five members were from the group who were facing extreme inflammation of the gall bladder due to the hindrance of the stones. No participant of the gallstone colic collection was suffering of fever but seventy one percent participants of the other group were suffering of fever. The amount of the leukocytes was also different in the patients of both groups depends upon the complication they are facing.

Table – I: Pre-operative findings of patients in both groups

Pre-operative Outcomes		Biliary colic	Acute cholecystitis	Total
Females	N	20.00	30.00	50.00
	%	33.30	50.00	83.30
Males	N	5.00	5.00	10.00
	%	8.30	8.30	16.60
Fever	N	0.00	25.00	25.00
	%	0.00	71.40	41.60
Murphy's sign (positive)	N	14.00	25.00	39.00
	%	56.00	71.40	65.00
TLC (>11000)	N	1.00	31.00	32.00
	%	4.00	88.50	53.30
USG Outcomes	N	21.00	12.00	33.00
	%	84.00	34.30	55.00



Ultrasound scan provided the precise result of the different complication with the percentages of the participants in table number one.

Table – II: Operative findings of the patients in both groups with respect to duration of symptoms

Operative Outcomes	< 12 hours		> 12 hours		Total	
	Number	Percent	Number	Percent	Number	Percent
Acutely inflamed GB	4.00	16.00	23.00	65.70	27.00	45.00
Chronically inflamed GB	17.00	68.00	10.00	28.50	27.00	45.00
Sludge in GB	1.00	4.00	0.00	0.00	1.00	1.66
Empyema	0.00	0.00	1.00	2.80	1.00	1.66
Choledochal cyst	1.00	4.00	0.00	0.00	1.00	1.66
CBD stone	0.00	0.00	1.00	2.80	1.00	1.66
Total	25.00	41.70	35.00	58.30	60.00	100.00

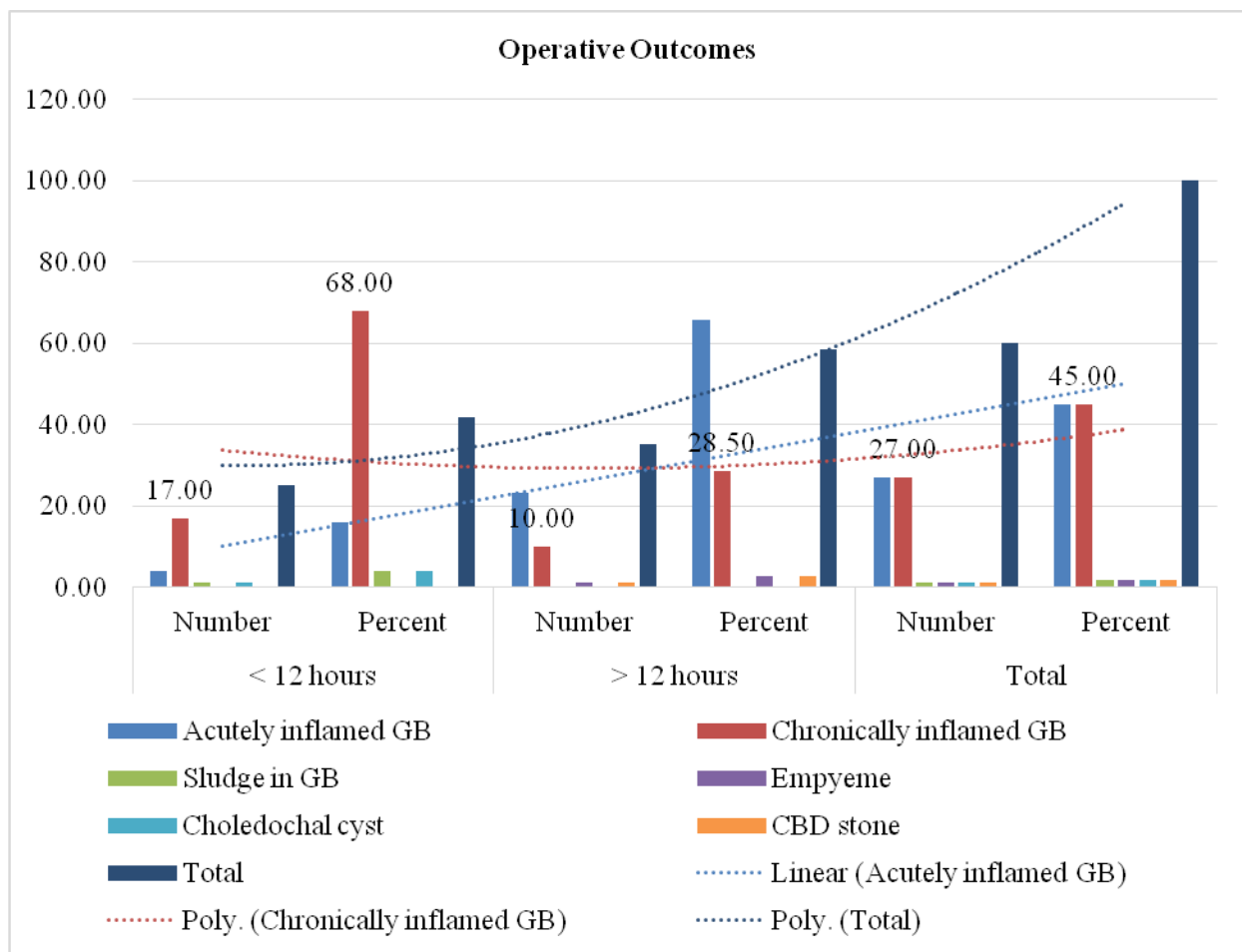


Table number two describes functional outcomes of the participants in accordance with the signs faced by the members of both groups. This shows that swelling of the gall bladder is the most common complication. Different types of the complications can be seen in the participants of the both groups depending upon the duration of the pain.

DISCUSSION:

The most common disease of the gall bladder is the inflammation of the gall bladder by the gall stones [9, 10]. It is the main problem faced by the gall bladder. Twenty million people of America are affected by this disease

every year [11]. This large number of the patients increases the health finances up to six billion US dollars [12]. The gallstone indicative signs are found from one to four percent of these patients every year. If the operation of these mentioned patients is not carried out; it will lead

to develop inflammation of the gall stone in twenty percent patients [13].

The most common sign of the diseases of gall bladder is the pain in the upper portion of the gall bladder. The length of the pain provides the true reflection of the functional outcomes which is the main aim of the study.

Females are the frequent victims of the gallstone. So, it is more common in the females. Our study contains eighty four percent female participants and sixteen percent male participants. Eighty five percent of the gall stones are found in the females [15]. Most of the participants were of the age from thirty years to fifty years. They were largely more than forty years of age. So, it is proved that the gall bladder diseases increase with the increase in the age. Four Fs is the most frequent word used for the gall stones it means fat, forty years, fertile and females.

Forty-one-point seven percent participants are suffering of gallstone colic and fifty-eight-point three percent participants have inflammation of the gall bladder. More than seventy one percent from the group of inflammation of the gall bladder had temperature and remaining more than twenty eight percent had feverishness. No participant of the gallstone colic group had temperature.

The total amount of the leukocyte was eleven thousand in just four percent participants of the gallstone colic. Remaining ninety six percent patients of the gallstone colic have less than eleven thousand leucocytes. Eighty eight percent patients of inflammation of gall bladder due to the hindrance in the cystic duct due to stones had more than eleven thousand leukocytes and remaining eleven-point five percent had less than 11 thousand leukocytes. Ultrasound scan was one of the early diagnostic tools [17].

The outcome of our study is very much similar to the outcomes of the study done by Fitzgibbons and his partners.

It provides that the length of the pain is the eminent describer of functional outcomes in this result. This study is very much different from the other studies because of its particular nature which is different from the normal studies performed in the same field.

CONCLUSION:

Active outcomes were strongly indicated by the length of the suffering faced by participants. Small group of the patients were included in the research; research on larger scale is needed to get the best outcomes.

REFERENCES:

1. Urbach DR, Stukel TA. Rate of elective cholecystectomy and the incidence of severe gallstone disease. Canadian medical association

- journal. 2005; 172:1015-19
2. Blaivas M, Adhikari S, Blaivas M, Adhikari S. Diagnostic utility of cholecystography in emergency department patients with suspected acute cholecystitis: comparison with bedside RUQ ultrasonography. *J Emerg Med* 2007; 33:47-52
 3. Hirota M, Takada T, Kawaradal. Diagnostic criteria and severity assessment of acute cholecystitis: Tokyo guidelines. *J Hepatobiliary Pancreat Surg* 2007; 14:78-82
 4. Blaivas M, Adhikari S, Blaivas M, Adhikari S. Diagnostic utility of cholecystography in emergency department patients with suspected acute cholecystitis: comparison with bedside RUQ ultrasonography. *J Emerg Med* 2007; 33:47-52.
 5. Fitzgibbons RJ Jr, Tseng A, Wang H, Ryberg A, Nguyen N, Sims KL. Acute cholecystitis. Does the clinical diagnosis correlate with the pathological diagnosis? *Surg Endosc.* 1996 Dec; 10(12):1180-4.
 7. Glasgow RE, Mulvihill SJ. Treatment of gallstone disease. In: Feldman M, Friedman LS, Brandt LJ, eds. *Sleisenger & Fordtran's Gastrointestinal and Liver Disease.* 9th ed. Philadelphia, Pa: Saunders Elsevier; 2010:987-8.
 8. Everhart JE, Khare M, Hill M, Maurer KR. Prevalence and ethnic differences in gallbladder disease in the United States. *Gastroenterology* 1999; 117:632-639
 10. Friedman GD, Raviola CA, Fireman B. Prognosis of gallstones with mild or no symptoms: 25 years of follow- up in a health maintenance organization. *J Clin Epidemiol* 1989; 42:127-36.
 11. Gracie WA, Ransohoff DF. The natural history of silent gallstones: the innocent gallstone is not a myth. *N Engl J Med* 1982; 307:798-800
 12. Gurusamy KS, Samraj K. Early versus delayed laparoscopic cholecystectomy for acute cholecystitis. *Cochrane Database Syst Rev* 2006;4:CD005440- CD005440
 13. Bates T, Harrison M, Lowe D, Lawson C, Padley N. Longitudinal study of gall stone prevalence at necropsy. *Gut* 1992;33: 103-7.
 14. Friedman GD. Natural history of asymptomatic and symptomatic gallstones. *Am J surg* 1993; 165:399-404.
 15. Irvin TT. Abdominal pain: a surgical audit of 1190 emergency admissions. *Br J Surg* 1989; 76:1121-1125. Chari RS, Shah SA. Biliary system. In: Townsend CM, Beauchamp RD, Evers BM, Mattox KL, eds. *Sabiston Textbook of Surgery.* 18th ed. St. Louis, Mo: WB Saunders; 2008:1080-2.
 16. Morse BC, Smith JB, Lawdahl RB, Roettger RH. Management of acute cholecystitis in critically ill patients: contemporary role for cholecystostomy and subsequent cholecystectomy. *Am Surg* 2010;

- 76:708. Siddiqui T. Early versus delayed laparoscopic cholecystectomy for acute cholecystitis: a metanalyses of randomized clinical trials. *Am J Surg.* 2008; 195:40-7.
17. Wang DQH, Afdhal NH. Gallstone disease. In: Feldman M, Friedman LS, Brandt LJ, (eds) *Sleisenger & FordtIran's Gastrointestinal and Liver Disease.* 9th ed. Philadelphia. Saunders Elsevier; 2010:1154-5.