

SUMMARY AND CONCLUSION

The aim of this study was to detect the incidence of biliary gastritis in cases of chronic calcular cholecystitis and to see the relation between biliary reflux and cholecystectomy pre-operative and post-operative.

Three groups of patients were chosen from Benha University hospital, the 1st group was chosen of (10) patients with no gastrointestinal symptoms, the 2nd group of (20) patients with chronic calcular cholecystitis without previous operation, and the 3rd group was chosen of (20) patients who had undergone cholecystectomy. All groups were submitted to the following investigations :

- 1- Full clinical examination.
- 2- Routine laboratory investigations.
- 3- Abdominal ultrasonography.
- 4- Endoscopy pre-and post-operative in the positive cases of gastritis
- 5- Multiple endoscopic biopsy was taken from the antral mucosa in the positive cases of biliary reflux to assess the pathological effect of refluxed bile.

The results of endoscopy were negative *in the first group*, except in one patient who showed mild bile reflux without evidence of gastritis, and *in the second group* the incidence of bile reflux was 30% (six out of twenty patients) in whom mild, and moderate gastritis were evident in three, and one patients respectively in addition to two

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patients who showed bile reflux without evidence of gastritis postoperative. out of four patients with gastritis, only one patient was clinically symptomatizing. *In the third group* the incidence of bile reflux was 50% (ten out of twenty patients) in whom mild, moderate, and sever gastritis were evident in four, four and two patients respectively. Out of ten patients with gastritis, there were six patients clinically symptomatizing.

Spontaneous enterogastric reflux is an aquired disease that occur in high incidence in patients 30-60 ys of age with a cholelithiasis. thus it is more common in women than in men. This may be due to the fact that gallstone is a manifestation of metabolic and motility disorder affecting liver, gallbladder, duodenum and small intestine. The problem is magnified particularly after cholecystectomy or with non functioning gallbladder due to the continous dripping of bile into the duodenum. The longer the duration of exposure of the gastric mucosa to the refluxed bile, the increase the degree of gastritis , and accordingly the more symptomatizing patients.

Complications of bile reflux average from mild as hypochlorhydria, weight loss and anaemia., and in the late stage of the disease large ulcer, prepyloric obstruction due to submucosal fibrosis and gastric metaplasia may be demonstrated .

Clinically patients with bile reflux gastritis may be asymptomatic or may be presenting with constant burning pain in the midepigastrium

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that is worse after meals, unrelieved by antacids, nausea, bilious regurgitation and vomiting.

The diagnosis depends upon clinical symptoms, endoscopic evidence of bile reflux and biopsy proven gastritis. In the early stage of the disease, these patients may respond to medical treatment with metclopamide, H₂ blockers, and sucralfate.

in conclusion :

- 1- The incidence of gastritis with cholecystitis is very high (30%) preoperative & (40%) postoperative. If biliary gastritis started before cholecystectomy, it will continue after it. In such patients who were symptomless before cholecystectomy the symptoms of gastritis may start after cholecystectomy
- 2- The symptoms of gastritis may be mistaken for biliary dyspepsia and may be responsible for failure of cholecystectomy to alleviate the dyspepsia. *i.e.* patients may have asymptomatic gallstones with a primary antral-pyloric - duodenal dysfunction causing reflux of duodenal contents as their underlying problem.
- 3- The severity of symptoms correlate with the degree of bile gastritis, and the gross findings (endoscopic findings) also correlate with the microscopic findings.
- 4- A suggestion can be raised that in every case of cholelithiasis presenting with dyspepsia (not colic) upper gastrointestinal for evidence of bile reflux and gastritis is recommended.