

Cholecystectomy was performed laparoscopically in the majority of the cases to exclude the expected impact of parietal and interloop adhesions on post operative symptomatology with conventional cholecystectomy.

At the final assessment, the patients were classified into two groups according to the achievement of symptomatic relief after cholecystectomy for the future selection of chelescintigraphically-diagnosed cases with chronic non-calcular cholecystitis who will gain the maximum benefit following cholecystectomy.

The postoperative pain was improved in 19 patients (63.33%), partially improved in 8 patients (26.66%) and persisted in 3 patients (10%).

The over all results was that from 30 patients with chronic non-calcular cholecystitis 26 patients achieved symptomatic relief a percentage of (84%) and 4 patients did not achieve symptomatic relief.

## **CONCLUSION:**

- The diagnosis of chronic non-calcular cholecystitis is considered a challenge. It is established by:

<u>Clinically:</u> Chronic persistent abdominal pain with fatty dyspepsia interfering with patient's lifestyle.

<u>Abdominal ultrasonography</u>: showing inflamed gallbladder without stones.

<u>Cholescintigraphy (HIDA scan)</u>: to assess the motor function of the gallbladder and to measure the ejection fraction and the emptying fraction.

Cholecystectomy by either open or laparoscopic approach must be offered to all patients with provisional diagnosis of chronic non-calcular cholecystitis after exclusion of any other pathology.

Pathological examination of removed gallbladder specimens revealed chronic non-specific cholecystitis in all specimens associated with microscopic calcification in 5 specimens, associated with marked adhesions chronic non specific chdecyslities in 18 cases, marked adhesion in 6 cases, adhesion with cholecystities glandular is in 2 cases, with cholecystities glandular is only in 3 case with mucosal hyperplasia in one cases and chronic inflammation with microscopic calcification in 5 cases in 7 specimens and associated with cholecystitis glandularis in 5 specimens

So it concluded that patients with cholecystectomy achieved symptomatic improvement in (84 %) of cases with chronic non-calcular cholecystitis while only (6 %) of patients showed no clinical improvement.