Biliary reflux in relation to cholecystectomy

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Summary and ConclusionSUMMARY AND CONCLUSIONThe ann of this study was to detect the incidence of biliarygastritis in cases of chronic calcular cholecystitis and to see the relationbetween biliary reflux and cholecystectomy pre-operative and postoperative.Three groups of patients were chosen from Benha Unviersityhospital, the 1st group was chosen of (10) patients with nogastrointestional symptoms, the 2nd group of (20) patients with chroniccalcular cholecystitis without previous operation, and the 3rd groupwas chosen of (20) patients who had undergone cholecystectomy. Allgroups were submitted to the following investigations:1- Full clinical examination.2- Routine laboratory investigations.3- Abdominal ultrasonography.4- Endoscopy pre-and post-operative III the positive cases ofgastritis5- Multiple endoscopic biopsy was taken from the antral mucosain the positive cases of biliary reflux to asses the pathologicaleffect of refluxed bile.The results of endoscopy were negative in the first group, exceptIII one patient who showed mild bile reflux without evidence ofgastritis, and in the second group the incidence of bile reflux was30% (six out of twenty patients) in whom mild, and moderate gastritiswere evident in three, and one patients respectively in addition to two-71Summary and Conclusionpatients who showed bile reflux without evidence of gastritispostopertive. out of four patients with gastritis, only one patient wasclinically symptomatizing. In the third group the in~idenceof bilereflux was 50% (ten out of twenty patients) in whom mild, moderate,and sever gastritis were evident in four, four and two patientsrespectively. Out of ten patients with gastritis, there were six patientsclinicallly symptomatizing.Spontaneous enterogastric reflux is an aquired disease that occurin high incidence in patients 30-60 ys of age with a cholelithiasis. thusit is more common in women than in men. This may be due to the factthat gallstone is a manifestation of metabolic and motility disorderaffecting liver, gallbladder, duodenum and small intestine. Theproblem is magnified particularlly after cholecystectomy or with nonfunctioning gallbladder due to the continous drippling of bile into theduodenum. The longer the duration of exposure of the gastric mucosato the refluxed bile, the increase the degree of gastritis , andaccordingly the more symptomatizingpatients.Complications of bile reflux average from mild ashypochlorhydria, weight loss and anaemia., and in the late stage of thedisease large ulcer, prepyloric obstruction due to submucosal fibrosisand gastric metaplasia may be demonstrated .Clinically patients with bile reflux gastritis may be asymptomaticor may be presenting with constant burning pain in the midepigastrium-72Sumnuuy and Conclusionthat IS worse after meals, unrelieved by antacids, nausea, biliousregurgitation and vomiting.The diagnosis

depends upon clinical symptoms, endoscopicevidence of bile refluxe and biopsy proven gastritis. In the early stageof the disease, these patients may respond to medical treatment withmetclopramide, H2 blockers, and sucralfate.in conclusion :1- The incidence of gastritis with cholecystitis is very high (30%)preoperative & (40%) postoperative. If biliary gastritis startedbefore cholecystectomy, it will continue after it. In such patientswho were symptomless before cholecystectomy the symptoms ofgastritis may start after cholecystectomy2- The symptoms of gastritis may be mistaken for biliary dyspepsiaand may be responsible for failure of cholecystectomy to alleviatethe dyspepsia. i.e. patients may have asymptomstic gallstones witha primary antral-pyloric - duodenal dysfunction causing reflux ofduodenal 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 themicroscopic findings.4- A suggestion can be raised that in every case of cholelithiasispresenting with dyspepsia (not colic) upper gastrointestinal forevidence of bile reflux and gastritis is recommended.