

Cholecystitis (Pathology)

Presented By

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- Inflammation of the gall bladder may be acute or chronic. Acute cholecystitis is a surgical emergency. Chronic cholecystitis is most common.

- **Acute cholecystitis**

This condition usually begins with obstruction followed by infection later

Etiopathogenesis

- Based on the initiating mechanisms acute cholecystitis occur in two types of situations

- Acute calculous cholecystitis

- Acute acalculous cholecystitis

- **Acute calculous cholecystitis**

- It is caused by obstruction in the neck of the gall bladder or in cystic duct by gall stone
- The commonest location of impaction of a gall stone is in Hartmann's pouch

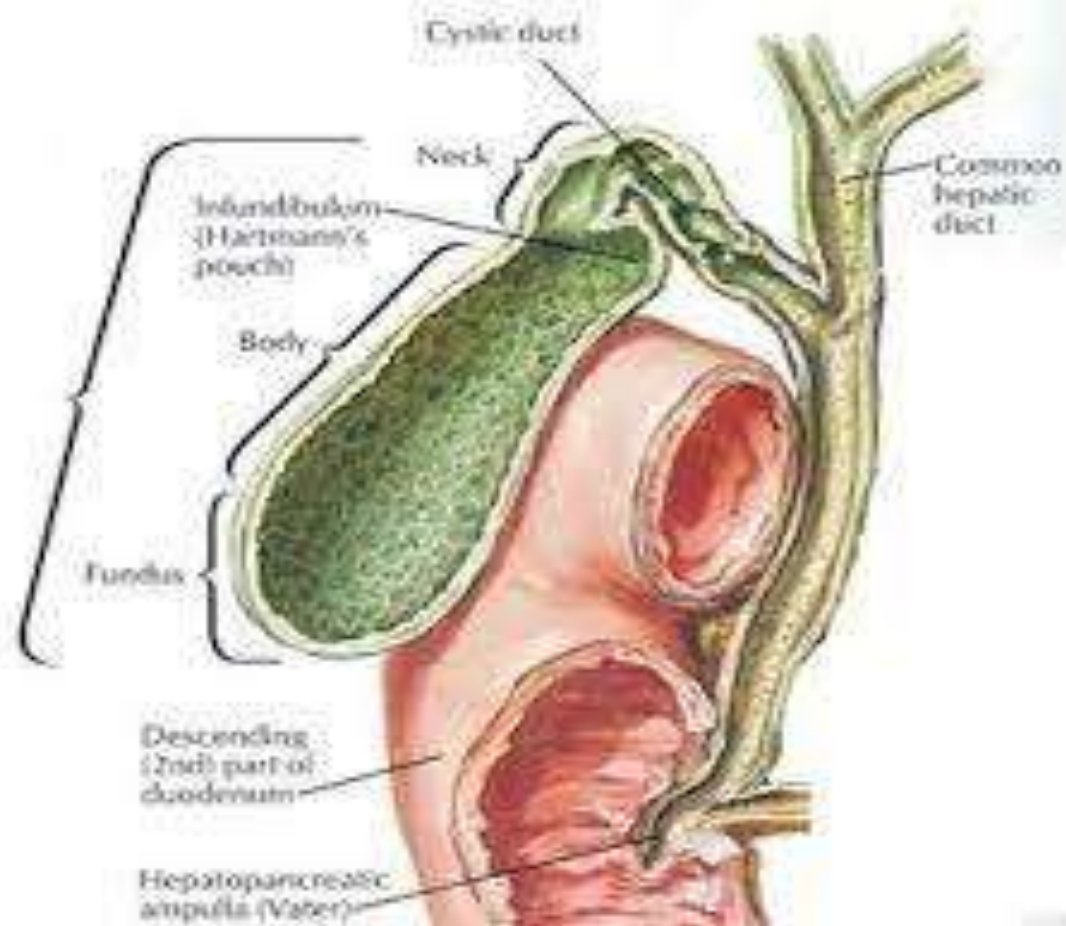
obstruction



Distension of Gall bladder



Acute inflammation due to chemical irritation



- **Acute acalculous cholecystitis**

- Previous non biliary surgery, multiple injuries ,burns, recent childbirth, severe sepsis,dehydration, diabetes mellitus, torsion of gall bladder.
- Rare cause include cholera, salmonellosis, parasitic infestation.

- **Morphological features**

- ✓ Gall bladder is distended and tense
- ✓ Mucosa bright red
- ✓ Lumen filled with puss mixed with green bile
- ✓ In calculous cholecystitis , stone is impacted in the neck or in cystic duct
- ✓ When obstruction of the cystic duct is complete, the lumen is filled with purulent exudate and condition is known as **empyema of gall bladder**.

- **Microscopically**

- ✓ Wall of gall bladder shows marked inflammatory edema, congestion and exudate.
- ✓ Abscess in wall and gangrenous necrosis with rupture into peritoneal cavity.

- **Clinical features**
- Severe pain in upper abdomen
- Gall bladder palpable and tender
- Fever
- Leucocytosis
- Slight jaundice

- **Chronic cholecystitis**

There is almost constant association of chronic cholecystitis with cholelithiasis

Morphological features

- ✓ Gall bladder may be enlarged or normal
- ✓ Thickened wall of gall bladder
- ✓ Variable degree of chronic inflammatory reaction consisting of lymphocytes, plasma cells and macrophages.

- Clinical features
- Epigastric distension
- Discomfort after fatty meal
- Tenderness over right upper abdomen

THANK YOU