

Clinical and Anamnestic Analysis of Patients with Chronic Cholecystitis

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Abstract

Gallbladder cancer is one of the least studied problems in medicine. According to the scientific literature on epidemiological studies, chronic cholecystitis and gallstone disease with precancerous processes account for an average of 10%-15% of the able-bodied population in developed countries. Some scientific studies use terms such as gallbladder papilloma, gallbladder adenoma, and gallbladder benign tumors in a narrow sense. In Russia, the incidence of these diseases is 3%-12% among people of different professions. In the part of the population of Uzbekistan under the age of 20, it increases in one in 6, between the ages of 31-40, the most common age is 41 years-50 years, with 1.5 times more women than men.

Keywords: Gallbladder papilloma; Adenoma; Chronic cholecystitis; Tumor

Introduction

In the last decade, there has been a tendency to increase the number of pre-tumor pathologies of the gallbladder, including polyps. The prevalence of this pathology is 4%-6% according to the literature. [1-5] The share of operative treatment of good quality polyps in the gallbladder is 10%-15.8% of total cholecystectomy. Cholesterol polyps occur in 57% to 80% of benign polyps of the gallbladder. Polyps can be solitary or multiple. [6-8] In the structure of gallbladder polyps, papillomas account for 25.5% and adenomas for 11%, are mostly small in size, are numerous in 72% of cases, and can spread to the bile ducts in addition to damaging the gallbladder. [9] Until the mid-1980s, polypsymphatic derivatives of the gallbladder were a sectional and rarely intraoperative finding, attracting the attention of pathomorphologists and, in rare cases, clinicians. Qualitatively new opportunities are emerging in the study of this pathological process. Cancer accounts for 10% of patients who have undergone surgery with polyps of the gallbladder, but the main finding during the operation was that polyposis cholesterol was detected in 57%-80% of cases. The high rates of surgical treatment of patients with polyps of the gallbladder remain due to the fact that the etiology and pathogenesis of gallbladder cancer have not been fully studied.

Aim of the Research

Improving data on pathomorphological and immunohistochemical changes by studying various forms of chronic cholecystitis as a precancerous process.

Patients and Methods

Morphological, histological and immunohistochemical, statistical examination methods were used in the study to solve the research tasks and achieve the goal.

As a study material, a total of 1247 cases of chronic cholecystitis were surgically removed and examined in the biopsy

department of the republican center for pathological anatomy were analyzed on clinical-anamnestic indicators. As a result of a comprehensive study to find pre-tumor processes, 4 types of chronic cholecystitis were selected. In each of them, histological preparations prepared from the gallbladder wall were studied, and in several of them there were pathomorphological changes from tumor-causing disteregenerative processes: Pathological hyperplasia, metaplasia and dysplasia.

Results and Discussion

Of these, 342 were found to have interstitial proliferative vasculitis, chronic cholecystitis, and 17 had tumor-causing disreenerative changes, accounting for 4.9%. 296 were diagnosed with interstitial fibrous chronic cholecystitis, and 9 of them revealed 3.04% disreenerative changes. 185 were diagnosed with interstitial myxamatosis and mucinous chronic cholecystitis, and 14 of them had 7.6% disreenerative changes. 272 were diagnosed with adenomyomatosis and polyposis hyperplasia, chronic cholecystitis, and in 25 of them, or 9.2%, pre-tumor changes were detected. Chronic cholecystitis with cholesterol was detected in 152 of them, and 2.6% of them had disreenerative changes in 4 of them. Thus, a total of 1247 different forms of chronic cholecystitis revealed tumor-causing disreenerative changes in 69 of them and accounted for 5.5% [Table 1 and Figure 1]. The incidence of dysreenerative changes in chronic cholecystitis [Table 2].

As can be seen from the table, of the morphological forms of chronic cholecystitis, interstitial proliferative inflammatory type of chronic cholecystitis was the most common and accounted

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Table 1: The rate of occurrence of forms of chronic cholecystitis and the number and percentage of those diagnosed with precancerous process.

Sl.no	Types	Amount	In percent	Precancerous changes were detected	
				amount	%
1	Interstitial proliferative inflammatory chronic cholecystitis	342	27,4%	17	4,9%
2	Interstitial fibrous chronic cholecystitis	296	23,7%	9	3,04%
3	Interstitial myxamatosis and mucinous chronic cholecystitis	185	14,8%	14	7.60%
4	Chronic cholecystitis with adenomyomatosis and polyposis hyperplasia	272	21,8%	25	9.20%
5	Chronic cholecystitis with cholesterol	152	12,2%	4	2,6%
	Total	1247	100%	69	5,5%



Figure 1: Gender specific risk factor for chronic cholecystitis: Smoking, AIDS, malnutrition, 50 years old, overweight, female-male.

Table 2: Occurrence by forms of chronic cholecystitis, number and percentage of occurrences by sex.

Sl.No	Types	Amount	female	%	male	%
	Total	1247	775	62,1	472	37,9
1	Interstitial proliferative inflammatory chronic cholecystitis	342	203	59,3	139	40,7
2	Interstitial fibrous chronic cholecystitis	296	191	64,6	105	35,4
3	Interstitial myxamatosis and mucinous chronic cholecystitis	185	108	58,7	77	41,3
4	Chronic cholecystitis with adenomyomatosis and polyposis hyperplasia	272	167	61,4	105	38,6
5	Chronic cholecystitis with cholesterol	152	95	62,8	57	37,2

Table 3: Gender-related prevalence of risk factors for precancerous conditions.

Sl.No	Risk factors	woman	man
1	Smoking	24,4%	75,6%
2	Acquired immune deficiency diseases	42,6%	57,4%
3	Malnutrition	71,8%	28,2%
4	Elders over 50	65,4%	34,6%
5	Overweight	71,8%	30,2%
6	Gender	67,4%	32,6%

for 27.4%. It was confirmed that the number of detected pre-tumor disreenerative processes in this group was 17 and the percentage was 4.9%. In second place was the type of interstitial fibrous chronic cholecystitis, which accounted for 23.7% of the total number of cases. The number of pre-tumor disreegrator

changes detected in this group was 9, 3.04%. Next came the type of chronic cholecystitis with adenomyomatosis and polyposis hyperplasia, and its incidence rate relative to the total number of chronic cholecystitis was 21.8%. In this group, pre-tumor disreenerative changes were confirmed to be relatively high, detected in 25 cases and accounted for 9.2%. The last places were occupied by interstitial myxamatosis and mucinous chronic cholecystitis, which accounted for 14.8%, of which 14 revealed pre-tumor disreenerative changes in 7.6%. The last place was occupied by chronic cholecystitis with cholesterol, which was detected in 12.2%, of which 2.6% confirmed the presence of pre-tumor disreenerative changes.

An analysis of the prevalence of chronic cholecystitis in humans revealed that in the 1247 cases we examined, it was significantly higher in women, ie in 775 cases, 62.1%. When analyzed by morphological forms of chronic cholecystitis, the

highest incidence in women was found in chronic fibroblastic cholecystitis, *i.e.*, 64.6% of the total 296 cases were women. In the next turn, 62.8% of women had chronic cholecystitis with cholesterol. Analysis of adenomyomatosis and polyposis hyperplasia of chronic cholecystitis confirmed that 61.4% of the total 272 cases were women. Other forms of chronic cholecystitis have also been found to be more common in women [Table 3].

In our study, 69 out of a total of 1247 chronic cholecystitis were found to have pre-tumor disreenerative changes. Our next analysis examined the prevalence of risk factors in patients in these cases.

Risk factors play an important role in the development of pre-tumor processes. In our material, when analyzing risk factors for 69 cases in which pre-tumor disreenerative changes were identified, it was found that the gender of patients played a major role as the main risk factor for the development of this disease. The development of pre-tumor disreenerative changes in chronic cholecystitis has been observed to be more common in women. As shown in the table, the incidence rate of this disease in women was 67.4%, while in men it was confirmed to be much lower, only 32.6%. The next risk factor, *i.e.* overweight, was 71.8% in women and 28.2% in men. Thus, it has been confirmed that among our women, the development of chronic cholecystitis and its background precancerous process is high in overweight people. Risk factors for malnutrition have been confirmed to be higher in men than in women. In 71.8% of overweight men, the role of this risk factor in the development of chronic cholecystitis and precancerous processes was observed. In women, however, this risk factor was relatively less significant.

An analysis of the duration of the disease showed that chronic cholecystitis actually persists for a long time without clinical symptoms. However, the results of the analysis of our material showed that in most cases, chronic cholecystitis lasted a long

Table 4. Data on the duration of chronic cholecystitis depending on sex and age.

Sl.No	Age of patients	Duration of the disease
1	20-39 ages	4-5 years
2	40-49 ages	6-8 years
3	50-59 ages	10-12 years
4	60-69 ages	14-16 years
5	70-79 ages	16-18 years
6	Elder over 80 age	19-21 years

time, the onset of the disease was latent, and clinically confirmed when complications develop. In our paper, we examined the duration of the disease in cases where 69 pre-tumor processes were identified. The results showed that the duration of the disease was shorter when the patients were younger, that is, it lasted only 4 years-5 years in patients aged 20 years-39 years. As the age of the patients increased, the duration of the disease also increased, *ie* by the age of 50 years-59 years it lasted for 10 years-12 years, and at the age of 70 years-79 years it lasted even longer [Table 4].

Conclusion

Clinical-anamnestic analysis showed that morphologically differentiated between 4 forms of chronic cholecystitis, in 5.5% of which were identified as regenerative changes with precancerous processes. The majority of them were women, or 61.4%. It has been confirmed that overweight and malnutrition are more prevalent in women as risk factors, while smoking and AIDS are more prevalent in men.

References

1. Akgam M, Buyukyavuz I, Ciri M, Eriş N. Adenomyomatosis of the gallbladder resembling honeycomb in a child. *Eur J Pediatrician*. 2008;167:1079-81.
2. Alexis RO, Aleksis OTs, Ilina TP. Polyposis of the gallbladder. *Ter Arx*. 2000;4:103-108.
3. Ilchenko AA., Orlova YN. Adenomyomatosis of the gallbladder. *Clin Exp Gastroenterol Hepatol*. 2010;4:86-92.
4. Breder VV, Kosyrev VY, Ledin EV. *Prakticheskie rekomendatsii po lekarstvennomu lecheniyu biliarnogo raka*. RUSSCO. 2017.
5. Bashilov VP, Bobrovskiy MY. Diagnosis and treatment of benign tumors of the gallbladder. *Surgery*. 1991;11:46-50.
6. Gorin BY. Some epidemiological aspects of cancer of the gallbladder opuxoli jeludochno-kishechnogo tract sbornik nauchnyx trudov VONTs. *Vypusk*. 1986:72-75.
7. Rashchinskiy SM. Diagnosis and tactics of polyposis of the gallbladder. *Kand Med Nauk Minsk*. 2009:19.
8. <http://drwerner.webseiten.cc/fileadmin/Dokumente/Gallenblasenpolypen.pdf>
9. Demidov VN, Yantovskiy YR, Arxipov SN. Ultrasound diagnosis of tumors of the gallbladder. *Klini Cheskaya Meditsina*. 2002;70:44-49.