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SURGERY OR UPPER GI ENDOSCOPY IN SYMPTOMATIC GALLSTONES

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Background: Gallstones are common; they do not cause any symptoms in many people. About one in three people with gallstones develop symptoms (symptomatic). There are wide range of gastrointestinal symptoms have been linked to gallstones but causal relationship has not been established yet. It has always been a challenge to differentiate between upper gastrointestinal symptoms due to gall stones or any other causes. There is conflicting evidence that preoperative gastroscopy is useful in identifying medically treatable diseases in patients undergoing cholecystectomy.

Aim: To evaluate significance of upper GI endoscopy as a pre-operative investigative tool in symptomatic gallstones.

Methods: Prospective observational multicentre study of 382 patients undergoing Laparoscopic cholecystectomy from July 2014 to December 2015. All patients diagnosed with gallstones based on ultrasound abdomen, irrespective of age and sex. All patients were subjected to upper gastrointestinal endoscopy 24 to 48 hours before cholecystectomy biopsy were obtained for histopathology, if required. Those patients not keen for surgeries, pregnant ladies due to risk of foetal loss, CBD stone, obstructive jaundice, carcinoma of gall bladder, were excluded.

Results: During this period (382 patients) the female to male ratio 4.78:1 (316 versus 66), and the mean patient age was 46.10 ± 6.31 years (22 to 65 years). 146 (38.21%) patients were present with typical pain and 236 (61.78%) atypical pain. Ultrasound revealed single stone in 83 (21.72%), multiple stones in 299 (78.27%), impacted stone at the neck of gallbladder was found in 68 (17.80%) patients, thick wall gallbladder was seen in 221 (57.85%) patients and contracted gallbladder 44 (11.51%) patients. Pre-operative upper gastrointestinal endoscopy findings revealed esophagitis in 22 (5.75%) cases, GERD in 26 (6.80%) cases, gastritis in 88 (23.03%), gastric ulcer 49 (12.82%), duodenal ulcer in 39 (10.20%), polyps 21 (5.49%) and carcinoma of stomach 9 (2.35%). In all patients with typical pain complete relief of symptoms were observed within 15 days post-operatively. Out of 236(61.78%) cases with atypical pain had persistence of symptoms in 141 (59.74%) cases up to four months.

Conclusion: We recommend that upper gastrointestinal endoscopy should be performed preoperatively in patients with nonspecific upper abdominal pain and history of peptic ulcer disease.

Key Words: Cholecystectomy, Gastroscopy, Cholelithiasis.

BIOGRAPHY

Chandio A is a surgeon specializing in general surgery. He is employed by the NHS Trust. He is graduated from Chandka Medical College Larkana in 1988. He has obtained his training in various specialties of general surgery (general surgery, urology, emergency medicine, vascular, breast & endocrine, and colorectal) in Ireland and UK. He is awarded as FEBS/Coloproctology in 2018 by European Surgical (Coloproctology) Board. He has obtained comprehensive training in general surgery. He routinely performs general surgical operations in NHS Hospital. He also actively participates in the teaching of medical students and junior doctors.

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