

## IS IT USEFUL TO PERFORM PREOPERATIVE UPPER GI ENDOSCOPY IN SYMPTOMATIC GALL STONES?

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**Background:** Symptomatic gallstones and inflammatory disorder of the gastro duodenum are common causes of upper abdominal pain. It's a great challenge to differentiate between gastrointestinal symptoms due to gall stones or any other causes. These gastrointestinal symptoms may be related to gallstones, but underlying correlation has not been established yet, which is extremely disappointing for the operating surgeon

**Aim:** To find out role of preoperative endoscopy in symptomatic gall stones

**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 surgery, 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 conclude that upper gastrointestinal endoscopy should be performed preoperatively for gallstone disease to evaluate preoperatively atypical symptoms and patients is fully informed in addition treated for associated conditions.

## BIOGRAPHY

Ashfaq Hussain Chandio 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 specialities 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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