

CHAPTER 7

CURRENT MANAGEMENT OF ACUTE CHOLECYSTITIS IN EMERGENCY

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Introduction

Acute cholecystitis is a condition that is marked by the sudden onset of inflammation in the gallbladder. Gallstones give rise to various disease conditions, such as acute calculous cholecystitis, which exhibit significant variations in terms of their severity, clinical manifestation, and approaches to treatment. The prevalence of gallstones in the United States is reported to be 8% among males and 17% among females (1). The occurrence of a disease tends to rise as individuals get older and as their body mass index increases. Bariatric surgery increases the risk of developing gallstones (2). Most people with gallstones don't have any symptoms. When diagnostic imaging is being done for another reason, asymptomatic gallstones may be found. There is a 1-4% annual risk of having symptoms or complications (3).

Biliary colic is the prevailing complication related to gallstone disease. Patients frequently encounter repeated episodes of consistent upper abdominal pain, which usually endure for a brief period of time and resolve autonomously as the gallstone shifts away from its obstructive location. Acute cholecystitis can occur if the obstructing stone is left in place, causing the gallbladder to swell, become inflamed, and possibly get infected. Acute cholecystitis can become complicated by **gangrenous cholecystitis**, which is the gangrene and necrosis of the gallbladder wall. When gas-producing organisms infect a gallbladder that is already inflamed, the result is **emphysematous cholecystitis**. Perforation of the gallbladder is a rare but potentially fatal consequence of cholecystitis. Gallstones are not always necessary for the development of gangrenous cholecystitis, emphysematous cholecystitis, or perforation of the gallbladder. Gallstones in the common bile duct, also known as **choledocholithiasis**, can be either primary, meaning they

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Although the association between bacterial infection and pathophysiology remains uncertain, it is nonetheless suggested to administer antibiotic therapy.

It is recommended to employ a combination of a third-generation cephalosporin and metronidazole, or alternatively, to utilize either a carbapenem or a β -lactamase inhibitor as standalone monotherapy.

Acalculous and emphysematous cholecystitis patients need an urgent cholecystectomy due to their higher risk of gangrene and perforation.

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