Acute Cholecystitis

Cholecystitis is inflammation of the gallbladder, a small pear-shaped organ in the upper right area of the abdomen. The gallbladder holds bile produced by the liver. The bile is released into the small intestine where it aids in digestion, especially the absorption of fats. If the gallbladder is removed, that function is performed directly by the liver.

In many cases of acute cholecystitis, gallstones (solid lumps formed by substances found in the gallbladder) block the bile ducts (tubes that allow bile to pass from the gallbladder into the small intestine). Bile builds up and can push on the walls of the gallbladder, causing inflammation. Other causes of acute cholecystitis include infection, trauma, diabetes, or blockage of the bile ducts due to a tumor.

The January 1, 2003, issue of JAMA includes an article about diagnosing acute cholecystitis.

SYMPTOMS

Symptoms of acute cholecystitis include:

- Intense, sudden pain in the upper right part of the abdomen
- Recurrent, painful attacks for several hours after meals
- Pain that can worsen with deep breaths and that extends to the lower part of the right shoulder blade
- Shortness of breath due to pain when inhaling
- Nausea
- Vomiting
- Stiff abdominal muscles, especially on the right side
- Slight fever
- Chills
- Jaundice (yellowing of the skin and eyes)
- Abdominal bloating

DIAGNOSIS

Because the symptoms of acute cholecystitis can resemble symptoms of other illnesses, it is sometimes difficult to diagnose. If a doctor suspects acute cholecystitis after a careful physical examination, he or she may perform some of the following tests:

- Abdominal ultrasound—use of high-frequency sound waves to create an image of internal organs
- Hepatobiliary scintigraphy—an imaging technique used to see the liver, bile ducts, gallbladder, and upper part of the small intestine
- Cholangiography—injection of dye into the bile ducts so the gallbladder and ducts can be seen on x-rays
- Computed tomography scan (CT scan)—an imaging procedure that uses a combination of x-rays and computer technology to produce images of the internal organs

TREATMENT

Treatment for acute cholecystitis usually involves hospitalization. The patient is not allowed to eat or drink, and liquids are given through an intravenous (IV) line. If an infection is suspected, antibiotics may be given. Most patients who have acute cholecystitis have their gallbladder removed, either immediately after diagnosis or after the patient has improved. This procedure, called a cholecystectomy, can be performed using a laparoscope (a tube inserted through small incisions) or by conventional surgery.

FOR MORE INFORMATION

American College of Surgeons
312/202-5000
www.facs.org/public_info/operation/cholesys.pdf

INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page Index on JAMA’s Web site at www.jama.com. They are available in English and Spanish. A Patient Page on laparoscopic surgery was published in the January 16, 2002, issue.

Sources: American College of Surgeons, Gale Encyclopedia of Medicine

Sharon Parmet, MS, Writer
Cassio Lynm, MA, Illustrator
Richard M. Glass, MD, Editor