



Informativeness of Ultrasound in the Diagnosis of Changes in the Wall of the Gallbladder in Cholecystitis

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Received 22nd Mar 2023,
Accepted 23rd Apr 2023,
Online 12th May 2023

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Abstract: The use of echography allows you to make the correct diagnosis as soon as possible, determine the subsequent treatment tactics, and start conservative or surgical treatment in a timely manner. The advantages of ultrasound examination over X-ray cholecystography are shown, the features of echograms in various diseases of the gallbladder are considered.

Key words: Ultrasound, cholecystitis, gallbladder, biliary tract, cholelithiasis .

Relevance. In recent years, in various fields of clinical medicine, a low-cost, highly informative method of ultrasound (synonyms: echography, sonography, ultrasonography) has

have become widespread, diagnostic value, which is confirmed by the works of many domestic and foreign authors [10,11]. Ultrasound is elastic vibrations of particles of a material medium with a frequency of more than 20 kHz, i.e. above the threshold of perception by the human ear.

Ultrasonography allows diagnosing hypertrophic diseases of the gallbladder, such as adenomyomatosis and cholesterol. The polypoid form of gallbladder cholesterol is especially well detected, and it is always necessary to conduct a differential diagnosis with cholelithiasis. The main difference is that the cholesterol polyp (polyps) does not give an acoustic shadow and does not move when

the position of the patient's body changes.

Purpose of the study. The study of morphofunctional changes inside and extrahepatic bile ducts in cholelithiasis and cholecystitis.

Materials and research methods. Materials were collected from the medical history of patients of the surgical department of the RRCEMMP BF with a diagnosis of acute cholelithiasis, static processing and the criterion of significance for the difference in indicators. Ultrasound devices Mindray 6600, EsaoteMylabX6, EsaoteMylab 40.

Research results. Gallstones are found in people with a picnic physique, a tendency to be overweight. Overweight is observed in approximately 2/3 of patients. Two factors contribute to the formation of gallstones, these are endogenous and exogenous [1-2]. Gallstone disease (GSD) is the most common disease of the gastrointestinal tract, which has a clear upward trend. Despite the solution of tactical and technical issues related to the diagnosis and treatment of cholelithiasis, this pathology retains its place among the problems of abdominal surgery [3]. In recent years, the number of laparoscopic cholecystectomy (LC) has increased. In the structure of emergency medical care, acute calculous cholecystitis (ACC) ranks third after acute appendicitis and acute pancreatitis. patients with ACC account for about 20-50% of the total number of patients with surgical disease. In the structure of emergency medical care, acute calculous cholecystitis (ACC) ranks third after acute appendicitis and acute pancreatitis, patients with ACC account for about 20-50% of the total number of patients with surgical disease. When GSD affects the bile ducts and ducts, and the large duodenal incision, timely endoscopic treatment of GSD has led to significant progress in this direction, but has not solved all clinical problems [5]. A big problem is the timely diagnosis of lesions of the bile ducts and tracts that are observed in patients with pathology of the biliary system, An urgent problem is the diagnosis of stagnation of extrahepatic and intrahepatic bile ducts in patients at different times after cholecystectomy. The morphological basis for the development of an altered area of the major duodenal papilla (MPD) in patients with cholelithiasis determines the frequency and structure of an altered area in the pancreatobiliary zone in cholelithiasis. The existing classifications of morphological changes in OBD are not general, and there are no data on a comprehensive morphological study of OBD and the mucous membrane of the descending part of the duodenum in patients with cholelithiasis. In the diagnosis of diseases of the biliary system, the significance of the clinical picture of diseases and the results of laboratory tests is not in doubt. At the same time, the differentiation of inflammatory and non-inflammatory diseases of the gallbladder with the help of instrumental,

Conclusions. The studied ultrasound signs of the gallbladder and in its wall, such as the length of the gallbladder, its area and volume, indicate the possibility of their use in the differential diagnosis of chronic and acute calculous cholecystitis, as well as obstruction of the biliary tract. In patients with acute calculous cholecystitis and obstruction of the biliary tract, the wall of the gallbladder thickens with an increase in size (length, area, volume) and has a high level of correlation with the degree of increase in intravesical pressure. The control of the functioning of the biliary tract, as well as other body systems, is based on different levels of regulation. Obviously, operational interventions lead to significant changes in the mechanisms of functioning of this system.

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