

Morphological Changes in the Wallandgallbladder in Cholelithiasis

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ABSTRACT

Among diseases of the gallbladder and extrahepatic ducts, the most common reason for cholecystectomy is inflammatory processes (cholecystitis, cholangitis, and cholelithiasis). The use of ultrasound to improve the diagnosis of cholelithiasis, the pathology of the extrahepatic and intrahepatic bile ducts, the objectivization of indications for urgent surgery and the reduced number of "forced interventions.

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

Materials and research methods. For the scientific justification of the research work, the Bureau of Pathological Anatomy of the Bukhara region was examined in the Department of Biopsy Diagnostics for 2018-2022, in total, 157 patients with chronic stone cholecystitis were selected for the purpose of diagnosing the gallbladder. In each of them, having studied the histological materials obtained from the wall of the gallbladder, they were examined by morphological and histochemical methods, the results were evaluated as follows.

Research results. In a study of a total of 157 selected cases of cholelithiasis and histological studies of chronic cholecystitis biopsies, 80 revealed the presence of chronic cholecystitis with interstitial proliferative vasculitis; 34 types of interstitial fibrosis in chronic cholecystitis; 29 revealed interstitial myxomatosis and mucinous type of chronic cholecystitis; 14 revealed the presence of adenomatosis and polypous hyperplasia. from chronic cholecystitis.

In all these cases, a clinical and anamnestic analysis was performed, and fragments of the gallbladder tissue obtained during the operation were solidified within 48 hours in a 10% neutral formalin solution. After the flakes were kept in running water for 4 hours, they were dehydrated in containers with high concentration alcohol. After passing chloroform, paraffin was poured and bricks were made. Histological incisions of 5-7 μm were made from paraffin bricks, from which paraffin was removed and stained with hematoxylin-eosin stain. Histochemical studies were carried out on histological sections made from the same paraffin blocks. The order of histochemical methods. This study was conducted in the laboratory of the Republican Bureau of Pathological Anatomy. With gallstone disease,

Thus, ultrasound examination of the gallbladder in B-mode makes it possible to correctly diagnose acute cholecystitis in more than 90% of cases, with obstruction of the bile duct - 86%

of cases. According to BingenerJ. et al. the sensitivity of grayscale ultrasound in the detection of acute cholecystitis in comparison with intraoperative and histological findings was 60% and 52%, and specific 77% and 71%, respectively. [3] Despite the indisputable high importance of instrumental diagnostic methods in the detection of pathologies of the gallbladder and bile ducts, most authors consider it necessary to have clinical symptoms and laboratory data for a correct diagnosis. So according to HamishHwang, IanMarsh, JasonDoyle [4]

The prevalence of chronic cholecystitis was analyzed depending on the sex of people. It was found that this situation is significantly more common in women in 157 cases examined by us, that is, in 80.2%. When analyzing the morphological forms of chronic cholecystitis, the most common interstitial fibrosis in women was found in chronic cholecystitis, that is, out of a total of 68 cases, 53.9% were women. Further, 62.6% more women out of a total of 14 cases when in line analyzed chronic cholecystitis with adenomyomatosis and polyposis hyperplasia. In other forms of chronic cholecystitis, women were also found to have a high incidence (see Table 1.1).

Table 1.1. Indication of the occurrence of various forms of chronic cholecystitis depending on gender

No.	Types	sony	ayol	%	erkak	%
	Whole	157	126	80.2	31	19.8
1	Chronic cholecystitis with interstitial proliferative inflammation	80	68	85	12	15
2	Interstitial fibrosis chronic cholecystitis	34	31	91	3	9
3	Interstitial myxomatosis and chronic cholecystitis with mucinosis	29	25	86	4	14
4	Adenomyomatosis and polyposis hyperplasia in chronic cholecystitis	14	eleven	78	3	22

In the study we studied, it was also shown above that 89 out of 157 patients with chronic cholecystitis were found to have cholelithiasis. Our next analysis showed the extent to which risk factors arise in these cases in patients.

In interstitial proliferative chronic cholecystitis, it is observed that the intermediate tissue of all layers of the gallbladder wall is infiltrated with a proliferative infiltrate, i.e. cells of lymphohistiocytes, in a diffuse state.

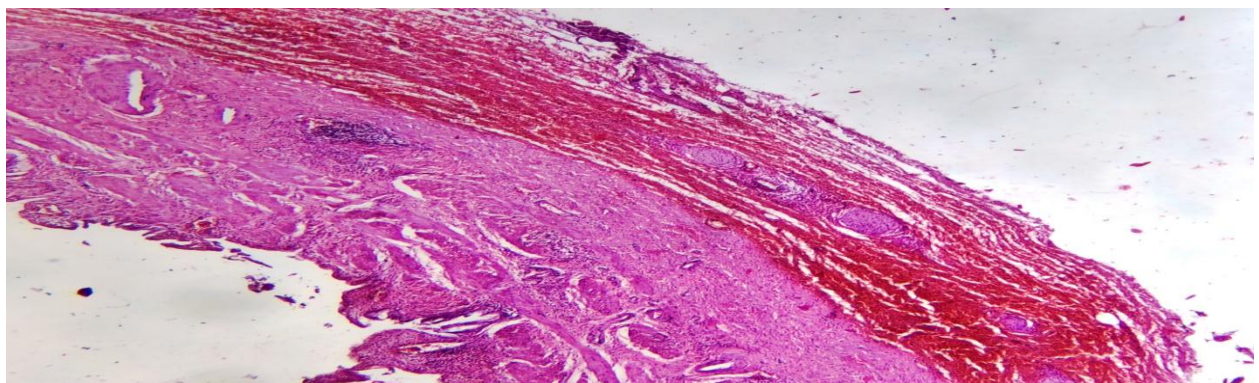


Figure 1.1. At the border of the mucous membrane and the muscular layer, the inflammatory infiltrate is dense and highly developed, extending to the intermediate muscle tissue. Paint: G.E. X: 10x10.

In areas close to the muscle fundus, it is observed that the lymphohistiocytic infiltrate increased and thickened again and spread to the interstitial intermediate tissue of the muscle fundus (Fig. 1.2)

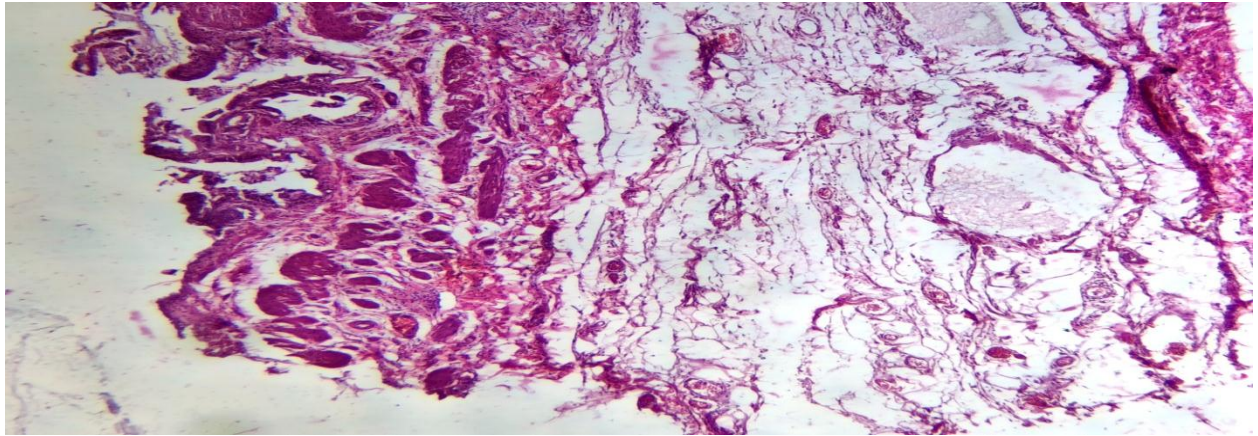


Figure 1.2. The wall of the gallbladder, the muscular bottom, undergoes a strong proliferative infiltration, the muscle bundles are tilted and atrophied. Paint: G.E. X: 10x10.

In these areas, it was found that the proliferative infiltrate is the majority of lymphoid cells and that they are located in the vessel wall and create a symbiosis with smooth muscle cells. Smooth muscle cells are deformed and misplaced, and their sarcoplasm is stained with eosin in a darker color.

Conclusions: Clinical and anamnestic analyzes showed that among chronic cholecystitis in cholelithiasis, dysregenerative changes were detected, which in 5.5% were tumor preproliferations. In the breakdown by sex of the materials studied, the majority were women, amounting to a total of 67.1%. It was found that overweight in women, as well as smoking and diseases of the gastrointestinal tract, prevailed in men as risk factors.

In cholelithiasis, 4 morphological forms were identified and named, depending on the predominance of pathomorphological processes identified in the bile ducts.

In cholelithiasis, 4 morphological forms have been identified: 4.7% of them are a form of interstitial proliferative vasculitis; 3.0% - interstitial fibrous form; 6.7% - interstitial myxomatosis and mucinous form; 8.4% - a form of adenomyomatosis and polypous hyperplasia received tumor dysregenerative processes.

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