

### Ultrasound Comparative Morphometry in Patients with Conventional Cholecystectomy

Akhmedov F. Kh., Jumaeva M. M.

Bukhara State Medical Institute, Bukhara branch of RNCMP

#### Article Information

**Received:** January 29, 2022

**Accepted:** February 30, 2023

**Published:** March 31, 2023

**Keywords:** *Morphometry, Patients.*

#### ABSTRACT

In recent years, in various fields of clinical medicine, a low-cost, highly informative method of ultrasound (synonyms: echography, sonography, ultrasonography) has become widespread, diagnostic value, which is confirmed by the works of many domestic and foreign authors [1,4,6,7,8,10,11]. 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. Modern ultrasound equipment is based on the principle of echolocation, and all diagnostic devices operate in pulsed mode. It is important to know that in the emitting mode, the device's sensor works only 0.1% of the cycle time, while in the receiving mode - 99.9%. This rhythm of work is one of the factors that determine the safety of ultrasound examinations. 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(s) do not produce an acoustic shadow and are not displaced by the position of the patient's body changes.

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

**Materials and research methods.** Materials were collected from the medical history of patients of the surgical department of the RRCMP 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 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 cholelithiasis, the bile ducts and ducts, and the greater duodenal incision are affected [4-5]. 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 using instrumental, radiation and other research methods, as well as in cases of acute cholecystitis, determining the degree of damage, is an integral part of the modern tactics of

choosing the treatment of patients [6]. Differentiation of calculous and acalculous cholecystitis is carried out by the presence of hyperechoic structures in the gallbladder cavity with or without acoustic shadowing. In difficult cases of differentiation of cholelithiasis, cholesterosis and polyps of the gallbladder, a method of differentiation based on changes in the dynamics of the echographic picture and the B-mode of the pathological structure of the gallbladder while taking ursosan for 14–18 days was proposed [7]. A pharmacological test makes it possible to ascertain polyposis of the gallbladder by the non-displacement of the formation, with a change in the localization of the hyperechoic structure and an increase in the volume of the organ - to diagnose cholelithiasis, and in the case of a decrease in echogenicity and displacement of the formation - to establish the diagnosis of cholesterosis of the gallbladder. This method provides high accuracy in the diagnosis of cholelithiasis, cholesterosis and gallbladder polyposis. A pharmacological test makes it possible to ascertain polyposis of the gallbladder by the non-displacement of the formation, with a change in the localization of the hyperechoic structure and an increase in the volume of the organ - to diagnose cholelithiasis, and in the case of a decrease in echogenicity and displacement of the formation - to establish the diagnosis of cholesterosis of the gallbladder. This method provides high accuracy in the diagnosis of cholelithiasis, cholesterosis and gallbladder polyposis. A pharmacological test makes it possible to ascertain polyposis of the gallbladder by the non-displacement of the formation, with a change in the localization of the hyperechoic structure and an increase in the volume of the organ - to diagnose cholelithiasis, and in the case of a decrease in echogenicity and displacement of the formation - to establish the diagnosis of cholesterosis of the gallbladder. This method provides high accuracy in the diagnosis of cholelithiasis, cholesterosis and gallbladder polyposis.

**Table 1, distribution of patients undergoing conventional cholecystectomy by sex and age**

Age, years	Floor		Total	
	husband	wives	Abs.	%
18-30				
31-40		2	2	5.9
41-50		3	3	8.82
51-60	6	8	14	41.17
61-70	3	6	9	26.47
71-80	1	4	5	14.7
81 and older		1	1	2.94
Total	10	24	34	100

In a study of 34 patients with acute cholelithiasis during an ultrasound study, a change in the common bile duct and intrahepatic duct was determined, a change in the conduction in the table by age, by half before traditional cholecystectomy

**Table 2**

Age, years	FLOOR		TRADITIONAL CHOLECYSTECTOMY			
			CBP extension		Intrahepatic ducts expansion	
	m	and	m	and	m	and
18-30						
31-40		2		1		1
41-50		3		1		3
51-60	6	8	3	4	5	7
61-70	3	6	4	4	3	5
71-80	1	4	1	4	1	4

81 and older		<b>1</b>		<b>1</b>		<b>1</b>
Total	<b>10</b>	<b>24</b>	<b>8</b>	<b>15</b>	<b>9</b>	<b>21</b>

A fistula change of 7 mm is usually considered a pathological dilatation, although the diameter of the bile duct increases in elderly patients and after cholecystectomy. In 98% of adults, the common bile duct has a diameter of 5 mm or less at the hilum of the liver, while near the head of the pancreas, the common bile duct in normally looks slightly narrowed. The intrahepatic duct is proximal to the common hepatic duct with a diameter of 2-3 mm. The cystic duct goes along with the common bile duct until their lumens merge, thus, with cholecystectomy, a different length of the cystic duct in situ is obtained. In the stump of the cystic duct, stones can form that compress the common bile duct and cause jaundice.

**Table-3, Changes in the CBD and intrahepatic ducts after conventional cholecystectomy surgery.**

Age, years	FLOOR		TRADITIONAL CHOLECYSTECTOMY			
			CBP extension		Intrahepatic ducts expansion	
	m	and	m	and	m	and
18-30						
31-40		<b>2</b>				
41-50		<b>3</b>				
51-60	<b>6</b>	<b>8</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>7</b>
61-70	<b>3</b>	<b>6</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>4</b>
71-80	<b>1</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
81 and older		<b>1</b>		<b>1</b>		<b>1</b>
Total	<b>10</b>	<b>24</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>

According to the 3rd table, it is determined that in patients over 50 years old, in some cases after surgery, the CBD and intrahepatic ducts do not change, they remain dilated mainly at the age of 51-60, 61-70 years and above, by percentage after laparotomy, most cases of ducts remain expanded.

**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 with 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. Experimental and clinical observations indicate that

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