

ETIOPATHOGENY OF ACUTE ACALCULOUS CHOLECYSTITIS: A MYTH CHANGE?

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Introduction. Usual predisposing factors of acute acalculous cholecystitis (AAC) are critical conditions, prolonged fasting, parenteral nutrition, sepsis. However, we notice an incidence of AAC in several of our patients in the absence of these factors. This fact determined us to initiate this study.

Keywords: acute acalculous cholecystitis

Purpose. To estimate the rate, clinical and evolutive characteristics of AAC in order to identify the risk factors.

Material and methods. 142 cholecystectomized pts for acute cholecystitis were analyzed. AAC was defined by: 1) absence of gallstones/biliary sludge at US; 2) intraoperative confirmation of AAC; 3) diagnosis morphological certification. Demographic, clinical and intraoperative parameters of the patients divided into 2 groups: I-AAC; II-acute calculous cholecystitis were analyzed.

Results. 14 (9.9%) cases met the AAC criteria. The M/F ratio in AAC was 11/3 compared to 49/79 in the group II ($p < 0.01$). The mean age in the groups was 48 ± 2.3 and 57 ± 1.2 years ($p < 0.05$). Concomitant pathologies were more frequent in AAC- 78.6% compared to 32% into

group II ($p < 0.001$). Preoperative EGD showed evident duodenogastric reflux in almost all ACC pts (71.4%), which indicates the role of intraduodenal pressure growth in the ACC etiopathogeny.



In 6 (42.9%) pts with AAC, destructive forms with a fulminant course of inflammation were established during 72 hours. It was attested a direct correlation between the development of destructive forms and the age of the pts in the AAC group.

Conclusions. We can assume that the disruptions of the gastro-duodenal motility with elements of duodenostasis play a certain role in the development of non-calculous inflammation of the gallbladder. The rapid evolution of the inflammatory process in AAC requires early surgical treatment.