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Research Article

**ANALYSIS OF CHOLECYSTECTOMY SPECIMENS ON
HISTOPATHOLOGICAL BASIS IN NISHTER HOSPITAL
MULTAN**¹Dr .Saad Saleem, ²Dr.Muhammad Arslan Khan, ³Dr.Hira Mehmood¹Sharif Medical and Dental College, Lahore²Dera Ghazi Khan Medical College, Dera Ghazi Khan³Fatima Jinnah Medical University, Lahore**Abstract:****Objective:** To investigate the histopathological lesion form by surgical resection in biliary vesicles.**Study Design:** a retroactive / eloquent study.**Place and Duration of Study:** : The research was accompanied between January 1, 2015 and June 30, 2017 at the Department of Pathology, Nishter Medical College Multan**Materials and Methods:** The research involves of 136 gallbladder samples inspected histologically by the writer. These samples were occupied by the pathology department and in a remote hospital in Multan .Statistics from all cases were taken from histopathology records. Sex, age, cholelithiasis and histopathological abrasions were collected and investigated from numerous approaches. The outcomes were matched with other studies.**Results:** The study comprised 77 women and 31 men with a proportion of 1: 3.4 M: F. the cholelithiasis was detected in 88.2 per cent (120) of the cases. Prolonged cholecystitis was existed in 77.9 per cent (106) of the cases and severe cholecystitis was found in 19.1% (26). Crestrolosis was perceived in 3.7% (5) of the cases and 1.5% of the polyp cholesterol (2). Carcinoma was detected in 5 patients representing 3.7 per cent of all cases.**Conclusion:** The conclusions in our research are comparable to other studies in the literature. In most cases, gallstones and enduring cholecystitis were witnessed.**Key Words:** Gallbladder, Gallstones, Cholelithiasis, Cholecystitis**Corresponding author:****Dr .Saad Saleem,**

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INTRODUCTION:

Operating removal of the gallbladder is seen in the fourth and fifth years of life.² gallstones and other enfermedades.¹ In most patients, the standard treatment for women and undergoing, cholecystectomy histopathology lesiones.³ most of the benign lesions presented, as well as the most samples presented for various histopathological examination are more common malignant. There are only about 1% (n = 7) of 740 cases.⁴ Chronic cholecystitis in a study of other malignant lesions including frecuente.⁵ histopathological findings including acute cholecystitis, cholecystitis xantogranulo-brushy, eosinophilic cholecystitis, colestosis, polyps, adenomyosis, intestinal metaplasia, against metaplastic pylorus and its growth, most carcinomas and malignancies are adenoacarcinomas in comunas⁵ etc.⁶ Most malignant tumors in the gallbladder are diagnosed later, of course, leading to a desfavorable⁷ prognosis Gallbladder cancer in different parts of the world. Among the regions with high rate are some South American countries and northern India. It is generally reported that Karachi.⁸ has higher incidence in the southern part of Pakistan, most of all samples in the gallbladder are presented for histopathology in centers, but some staffs have described the waste as a burden of fonts, and on the other hand histopathoclogos.^{9, 10} in some studies for the idea of selective histopathology of vesicles in outputs biliares.^{11, 12} Previous work in the histopathology of gallbladder in adjacent areas of gujrat. The resolution of this effort is to examine the basic array of gallbladder disease in this part of the country compared with other researches done within and abroad.

MATERIALS AND METHODS:

This is a retroactive study of all patients established by the writer for histopathology from January 2015 to June 2017 (2 and half years). They were inspected in general and illustrative slices were taken for processing. The slides were ready and tainted with hematoxylin and eosin. The full inspection of all samples and the report of the histopathology slides were made by the writer himself, because there is no other histopathologist for consultation or discussion in the district. The collection and reports were carried out in two locations, namely the pathology department, Nishter Medical College and a isolated hospital in the city of Mutan. Histories of all patients were collected and collected with the help of Microsoft Excel software. They were investigated from various approaches, including sex, age, cholelithiasis, and several histopathological abrasions. The results were compared with national and international studies.

RESULTS:

The study contained of 136 patients. 77% (105) women had 23 per cent (31) men with MF proportion of 1: 3.4. The age of 133 patients was identified. The mean age was 44 years and the age range was 14-80 years. The majority of patients followed 29% in the fourth decade with 27% in the fifth decade. Therefore, the age range between the ages of 31-50 years, that is, the fourth and fifth decade, involved 56.4% of the patients. Age dispersal by sex is shown in Table 1. The youngest patient was a 14-year-old woman. Two of the oldest patients were 80 years old.

Table No. 1: Age and sexual category of cases (n=133).

Age group	Males	Females	Total	%
11-20 years	1	1	2	1.5
21-30 years	4	19	23	17.3
31-40 years	6	33	39	29.3
41-50 years	11	25	36	27.1
51-60 years	4	15	19	14.3
61-70 years	2	10	12	9.0
71-80 years	2	0	2	1.5
Total	30	103	133	100.0

The surgical process was recognized in 94 patients. 91% of the patients had laparoscopic cholecystectomy and 91% had open cholecystectomy. Neoplastic lesions were found in 5 vesicles (3.7per cent) and were malicious in all these cases. The residual 131 (96.3%) vesicles had no neoplastic pathology. Cholelithiasis was the dominant pathology in 88.2 per cent (120) of the cases. Acute cholecystitis (Figure 2) was seen in 77.9% (106) of the cases and in 19.1% (26) of the cases.

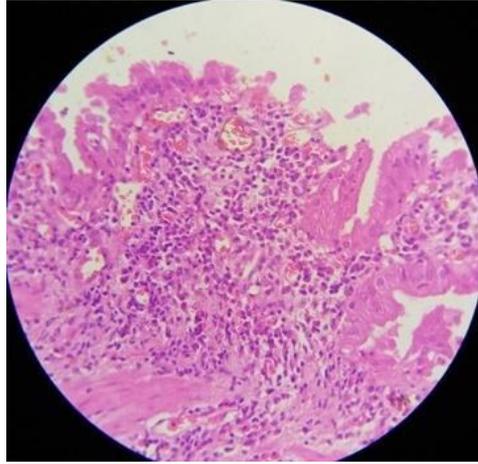


Figure No.1: Chronic Cholecystitis (H&E, X400) presentation deep infiltrate of lymphocytes and plasma cells. In the presence of acute cholecystitis with an adenocarcinoma, a portion of the vesicles confined more than one histopathological conclusion. Fourteen cases of serious cholecystitis contained necrotizing / gangrenous features and accounted for 10.3% of all cases.

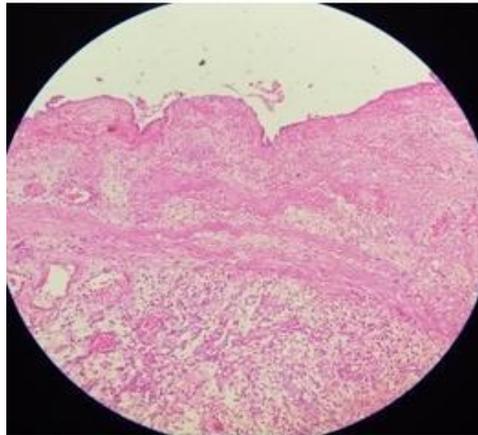


Figure No. 2: Acute Cholecystitis (H&E, X200) showing marked edema of wall and surface ulceration of the lining epithelium.

The rates of other abrasions are stated in Table 2.

Table No.2: Uncultured and microscopic discoveries in gallbladders (n=136).

Finding	#	%
Gallstones	120	88.2
Chronic cholecystitis	106	77.9
Acute cholecystitis	26	19.1
Adenocarcinoma	5	3.7
Cholestrolosis	5	3.7
Cholesterol polyps	2	1.5
Empyema	1	0.7
Xanthogranulomatous cholecystitis	1	0.7
Spongiotic hyperplasia	1	0.7

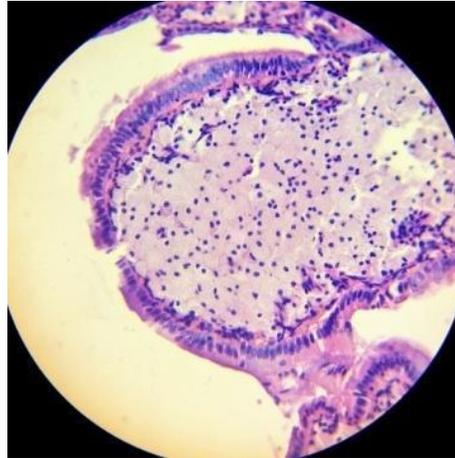


Figure No. 3: Cholestrolisis (H&E, X400), Mucosa containing many foamy macrophages.

Table No. 3: Comparison of present study with some recent studies.

	Present Study	Shah H 15	Khan S 16	Memon13	Awasthi14	Thaker & Singh 17
Year (Published)	2017	2016	2013	2011	2015	2017
Total cases	136	400	360	282	732	800
M:F ratio	1:3.4	1:2.4	1:4.7	1:2.9	1:2.6	1:4
Mean Age (years)	44	43	37	45	43.2	42
Age range	14-80	17-75	14-70	15-75	12-81	8-80
4 th decade	29.3%	31.2%	30.2%	31.9%	27.2%	27.5%
5 th decade	27.1%	32.5%	22.8%	31.9%		
Chronic Cholecystitis	77.9%	82.2%	77.7%	64.8%	97.1%	80.4%
Acute Cholecystitis	19.1%	12.2%	2.7%	31.5%	0.8%	0.25%

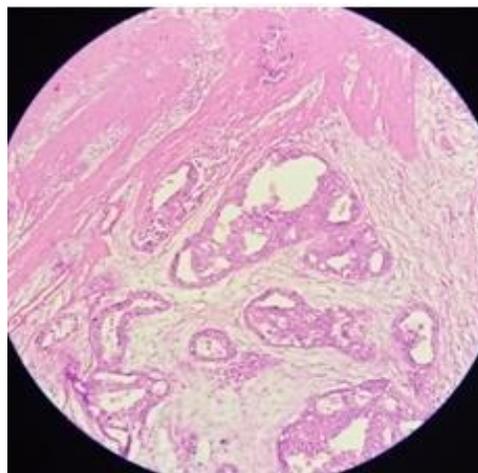


Figure No. 4: Adenocarcinoma (H & E, X200). Neoplastic glands that leak into the deeper tissue of the muscular layer. Five patients were female and the mean age was 56 years.

Table No.4: Rate of adenocarcinoma in several studies.

Study	All Malignant cases	Adeno-carcinoma cases	%
Present Study	5	4	80
Shah H et al.15	8	8	100
Khan S et al.16	9	8	88.9
Memon W et al.13	4	4	100
Dowerah & Deori.20	8	6	75
Kumari NS et al.22	1	1	100
Sharma & Choudhury 23	3	3	100
khan F et al.19	2	2	100
Thaker & Singh.17	1	1	100
Total	41	37	90.2

DISCUSSION:

The gallbladder is a structure that has been surgically detached from the human body due to pathological abrasions. The lesion is more conjoint in women.13, 14 The M: F proportion in our study is 1: 3.4 and this can be compared with many studies as shown in Table 3. The mean age is 44 years and the age range is 14-80 years. Most patients were present in the fourth era of our study, ie 29.3%. The fourth decade has closely followed the fifth ten of our cases with 27.1% of the cases in our study. Other authors, such as Han S awasthi and Thaker & Singh.14, 16,17, have reported most cases in the fourth decade. The alteration between the situation in the fourth and fifth period is similar to that of Shah H and Memon.13,15 in the study of finding Shah H, not much in our study, ie in the fifth decade there are some more cases 32.5% compared with 31.2% in the fourth decade.15 case overall, gallbladder In most cases, the fourth seen Memon.13 study has a frequency equal to the fourth and fifth ten, and the fifth decade, which constitutes 56.4per cent of the cases in this study. This outcome is analogous to that of Chauhan with 51per cent, Khan S with 53per cent, and Memon3,13,16 with 63.8%. The rate of neoplastic lesions in our study (3.7%) was parallel to a rate of 5% in Chauhan.3 gallstone study observed in a high rate of 88.2per cent of cases. The findings are like 89.9% and 91.8% reported by Mazlum and Dattal.6,18. In studies such as other awasthi, cholelithiasis has been reported to have a higher frequency of 98.5% to 14.19 chronic cholecystitis, which is the most common histopathological finding. The finding of 77.9% of this lesion was compared

with most of the other studies as shown in Table 3. In our study, 19.1% of patients with acute cholecystitis had. Our results were found in 12.2% of the study study in Thaker and Singh and 0.25% in 0.8% of the studies in various studies, there are greater differences in the frequency of injury compared to Shah H, which is closer to the lower side of the awasthi, and in this study, a few non-neoplastic lesions are found in the smaller frequency of the gallbladder. Memon and al.13,14,17, a frequency of 31.5% on the upper side was colestrololosis (3.7%), colestrol polyps (1.5%), empyema (0.7%), xgc (0.7%) and spongiotic (0.7%) hyperplasia . Cases of these abrasions have been reported in minor studies in other studies5,6,20. Malignancy of the gallbladder is seen in a few cases. In our study, in 3.7% of malignant cases, Khan S et al. and Shah et al. 2,15,16. On the other hand, Khan UA in Lahore described a malignancy rate of 7.2% in its study11. Likewise, Dowerah and Deori stated a higher frequency of 7.7%. 20 The gallbladder neoplasm is more common in women and more usually an adenocarcinoma. There were four cases of adenocarcinoma and one undifferentiated carcinoma in five cases of malignancy. All cases were female and the mean age was 56 years. The average age of 56 years corresponds to the 53.4 years reported by Kumar. This study is consistent with other studies in Table 4, in which only one case of undifferentiated carcinoma occurred in this study 16 high rate of adenocarcinoma, in this study is evident in other estudios.15. The other fewer common variations of the gallbladder, neoplasms, which are not present in this study, are minor size, adenosquamous carcinoma,

squamous cell carcinoma, minor / neuroendocrine cell lymphoma and non Hodgkin.22- 23

CONCLUSION:

The main outcomes in the current study of a minor district are consistent with other studies. Gallstones and chronic cholecystitis are very conjoint. Severe cholecystitis is also seen in a major number of cases. In this part of the country, the incidence of malignant cases seems moderate.

Conflict of Interest: The study has no conflict of interest to announce by any writer.

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