

CHRONIC CHOLECYSTOPANCREATITIS

Jabborov Sherbek Otabek ugli

Asian International University, Bukhara, Uzbekistan

Abstract

Chronic cholecystopancreatitis is a combined inflammatory condition involving both the gallbladder and the pancreas. It usually develops as a result of long-standing gallstone disease, chronic biliary obstruction, or recurrent episodes of acute inflammation. The anatomical and functional relationship between the biliary tract and pancreas explains the frequent coexistence of these pathologies. This article reviews the etiology, pathogenesis, clinical manifestations, diagnostic methods, and management strategies.

Introduction

The gallbladder and pancreas share a common anatomical pathway through the ampulla of Vater. Any obstruction or infection affecting this region may influence both organs. Chronic inflammation can lead to fibrosis, functional impairment, and recurrent abdominal pain.

Etiology

The main causes include gallstones (cholelithiasis), chronic biliary infection, alcohol abuse, metabolic disorders, and sphincter of Oddi dysfunction. Gallstones are the most common cause, leading to obstruction of pancreatic juice flow and bile stasis.

Pathogenesis

Obstruction of the common bile duct or pancreatic duct increases intraductal pressure. This results in enzyme activation within the pancreas and inflammatory damage. Chronic inflammation leads to fibrosis, glandular atrophy, and impaired digestive function.

Clinical Manifestations

Patients typically present with recurrent right upper quadrant or epigastric pain radiating to the back, nausea, vomiting, dyspepsia, bloating, and intolerance to fatty foods. In advanced cases, weight loss and signs of pancreatic insufficiency may occur.

Diagnosis

Diagnosis is based on clinical history, laboratory findings (elevated amylase, lipase, liver enzymes), and imaging studies such as ultrasound, CT scan, MRI, or MRCP. Endoscopic retrograde cholangiopancreatography (ERCP) may be used for both diagnostic and therapeutic purposes.

Treatment

Management includes dietary modification (low-fat diet), enzyme replacement therapy, analgesics, antispasmodics, and treatment of underlying causes. In cases associated with gallstones, cholecystectomy is recommended. Severe or complicated cases may require endoscopic or surgical intervention.

Prevention

Prevention focuses on timely treatment of gallstone disease, avoidance of alcohol abuse, maintenance of healthy body weight, and regular medical follow-up.

Conclusion

Chronic cholecystopancreatitis is a complex condition requiring a multidisciplinary approach. Early diagnosis and appropriate management significantly improve patient outcomes and prevent complications.

References

1. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J. Harrison's Principles of Internal Medicine. 21st ed. New York: McGraw-Hill; 2022.
2. Brunicki FC, Andersen DK, Billiar TR, et al. Schwartz's Principles of Surgery. 11th ed. New York: McGraw-Hill; 2019.
3. Yamada T, Alpers DH, Kalloo AN, et al. Textbook of Gastroenterology. 6th ed. Wiley-Blackwell; 2015.
4. Banks PA, Bollen TL, Dervenis C, et al. Classification of acute pancreatitis—2012: revision of the Atlanta classification and definitions by international consensus. *Gut*. 2013;62(1):102–111.
5. Tenner S, Baillie J, DeWitt J, Vege SS. American College of Gastroenterology guideline: management of acute pancreatitis. *Am J Gastroenterol*. 2013;108(9):1400–1415.