BILIARY PATHOLOGY

Cholelithiasis

Cholangitis

Pyogenic Cholangitis

Hepatic ductal enlargement filled with debris and stones

CT scan showing markedly dilated common duct (arrow) with a small focus of air in adjacent surgical clips (short arrow).
Cholangiolytic Hepatitis


Chronic Pancreatitis

Porcelain Gallbladder

Lithiasis
Cholecystokinin

Cholecystokinin plays a key role in facilitating digestion within the small intestine. It is secreted from mucosal epithelial cells in the duodenum, and stimulates delivery into the small intestine of digestive enzymes from the pancreas and bile from the gallbladder.

Bilirubin “Jaundice”

Bilirubin is the yellow breakdown product of normal hemoglobin catabolism. Hemoglobin, a principal component of red blood cells. Bilirubin is excreted in bile and urine, and elevated levels may indicate certain diseases. Lights help oxidize the bilirubin and lets it be excreted from the body.

Biliary Stenosis “Stricture”

Abnormal narrowing of the bile duct, often surgical may cause Cholangitis, liver abscesses, and cirrhosis.

Appendicitis

Inflammation of the appendix causing pain, nausea, and vomiting. Rupture can be life threatening, abscesses, fever, pain, and peritonitis may occur.
Sudden or chronic inflammation of the gallbladder causes abdominal pain.
Bile becomes trapped in the gallbladder usually due to gallstones. Patient
comes very ill with pain, nausea, vomiting, may also have a fever. If
the gallbladder ruptures peritonitis can occur.