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RESEARCH IN MODERN SCIENCE**



KISHINEV, MOLDOVA
16-18.05.2022



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**WHETHER A STONE REMOVAL IMPROVES THE GALLBLADDER
MOTOR-EVACUATORY FUNCTION AFTER LAPAROSCOPIC
CHOLECYSTOLITHOTOMY IN PATIENTS WITH
ASYMPTOMATIC CHOLECYSTOLITHIASIS?**

Every fifth women and every tenth men have gallstones and are potential surgical patients. The results of a meta-analysis [1] showed that laparoscopic cholecystolithotomy may offer advantages over laparoscopic cholecystectomy in the treatment for asymptomatic cholecystolithiasis patients. However, the issue remains open whether removal of gallbladder stones would improve its motor-evacuatory function.

The aim of the study was to examine changes in the gallbladder motor-evacuatory function in patients with asymptomatic cholecystolithiasis before and after laparoscopic cholecystolithotomy.

Material and methods. The study involved 33 patients with asymptomatic cholecystolithiasis. The vast majority of patients were women (82%, $n = 27$), aged from 23 to 54 years, with a mean age of 48 ± 11.9 years, the remaining 18% were men ($n = 6$), aged from 25 to 58 years, with a mean age of 46.2 ± 12.4 years. All the patients underwent abdominal ultrasound examination on devices "Philips" No MA2540R before and after laparoscopic cholecystolithotomy. The gallbladder size, the number and size of gallstones and motor-evacuatory gallbladder function were determined. The STATISTICA 6.0 software package was used to analyze the results statistically.

Results of the study. According to the ultrasound and general clinical examination findings, all the patients had asymptomatic cholecystolithiasis without any signs of acute inflammation. The patients were comparable by the number of gallstones and morphological changes in the gallbladder walls: 90.9% ($n = 30$)



patients had 1 stone; 9.1% (n = 3) - 2-3 stones. None of the patients had more than 3 gallstones. The thickness of the gallbladder wall did not exceed 2 mm in 78.8% (n = 26) of patients, and 2-3 mm - in 21.2% (n = 7) of patients.

Table 1

**Gallbladder ejection fraction and duration of "latent period"
before and after cholecystolithotomy**

Indicator, unit of measure	Before cholecystolithotomy, n=33	After cholecystolithotomy, n=33	P
Gallbladder ejection fraction, %	54,5±2,1	64,4±2,9	0,0001
Latent period, min	15,6±2,5	8,3±1,7	0,001

There was a significant increase in the gallbladder ejection fraction from $54.5 \pm 2.1\%$ to $64.4 \pm 2.9\%$ ($p = 0.0001$) and a shorter duration of the "latent period" from 15.6 ± 2.5 min to $8,3 \pm 1.7$ min ($p = 0.001$) (table 1). The data obtained indicate that the removal of gallbladder stones contributes to an additional increase in its motor-evacuatory function due to the increased ejection fraction.

Conclusion. Laparoscopic cholecystolithotomy in patients with asymptomatic cholecystolithiasis improves gallbladder motor-evacuatory function as evidenced by the increased ejection fraction from 54.5% to 64.4%. Restoration of the gallbladder motor-evacuatory function clearly reduces the risk of possible recurrent stone formation in the short-term and long-term follow-up after cholecystolithotomy.

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