

Acute cholangitis

Acute cholangitis is an acute bacterial infection of intrahepatic bile ducts emerging in the field due to stagnant bile during **obstruction** of the biliary tract. The most common cause of obstruction is choledocholithiasis, followed by tumor or inflammatory stenosis of the bile ducts. The cause of the infection is Escherichia coli, Klebsiella, Enterobacter or Haemophilus influenzae, bacteria in the vast majority of cases enter the bile ducts ascendantly from the duodenum (hematogenous spread via vena portae is also possible).

Symptoms

Typically the so-called **Charcot's Triassic**: fever, jaundice, pain in the right hypochondria. Other symptoms may include nausea, vomiting, shivers, chills, pruritus. In advanced cases, hypotension and signs of septic shock or multiorgan dysfunction.



Endoscopic image of Vater papilla and pus flowing from the bile ducts in acute cholangitis

Diagnosis

- Physical examination: enlarged, palpable pain, liver, jaundice;
- laboratory picture: leukocytosis with a shift to the left, elevation of CRP (signs of infection); elevation of GGT, ALP, bilirubin (signs of cholestasis); elevation AST, ALT (signs of hepatocyte damage during the formation of liver microabscesses);
- collection of blood cultures, collection of bile for microbiological examination;
- imaging methods: USG (stones in the bile ducts, dilatation of the d. choledochus), ERCP (confirmation of cholangitis, drainage of the bile ducts), event. MRCP.

Treatment

The basis of the treatment of acute cholangitis is the parenteral application of broad-spectrum antibiotics targeted at Gram-negative bacteria and enterococci (3rd generation cephalosporins, ciprofloxacin, imipenem, ampicillin, gentamicin) and the provision of bile duct drainage. Bile duct decompression can be performed in ERCP, percutaneously or surgically. The method of choice is ERCP with papillophincterotomy, stone extraction and stent implantation.

Complications

Complications of acute cholangitis include the development of liver microabscesses/abscesses, sepsis, septic shock, MODS.

References

Related Articles

- Cholelithiasis
- Primary sclerosing cholangitis

References

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