

Infectious cholangitis

- **Sources of infection** – hematogenously via the liver parenchyma, from the diseased gallbladder, ascending through the papilla,
- most often accompanied by pathological conditions in the bile ducts – cholelithiasis, bile duct stenosis...,
- Sometimes complications of diagnostic manipulations in the bile pathways (ERCP),
- **agents** – *E.coli*, pseudomonas, aerobacter, enterococcus, streptococcus a stafylococcus,
- **pathologically** – all forms of inflammation.

Clinical picture

- **The so called Charcot Triad:**
 1. septic fever with chills (intermittent),
 2. obstructive jaundice,
 3. pressure pain in the right abdomen,
- it is always a severe septic disease, it should be treated with broad-spectrum ATB - prevention of sepsis, they get directly into the bile ducts minimally,
- We must monitor the patient and, if the condition does not improve quickly, revise the bile ducts surgically, remove the obstruction in the outflow.

Diagnosis

- According to the image, especially when there is a history of stenosis or lithiasis,
- we usually find an enlarged and painful liver, or and spleen,
- Leukocytosis, high sedimentation, liver tests,
- a persistent condition with occasional flare-up may result in chronic inflammation and later in biliary cirrhosis of the liver.

Therapy

- Diagnosis and elimination of the cause of bile stasis, ATB administration and bile duct drainage.

Links

Related articles

- Primary sclerosing cholangitis
- Acute cholecystitis
- Chronic cholecystitis
- Cholelithiasis

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