Panel Discussion (1): Indication of Silent Stones for Surgery

Chairmen:
Toshio Sato
The First Department of Surgery, Tohoku University School of Medicine, Sendai, Japan
Haruo Kameda
The First Department of Internal Medicine, Jikei University, School of Medicine, Tokyo, Japan

Indication of Silent Stones in Aged Patients for Surgery

Toshihiko Takeuchi and Makoto Miyaji
The First Department of Internal Medicine, Nagoya City University, School of Medicine, Nagoya

We studied silent stones in aged patients, and the results are presented. The materials were 1,000 serial autopsy cases at Nagoya City Kohsei-in Hospital, Nagoya. The 1,000 cases included 189 cases of choledolithiasis, and of these 189 cases, 148 were diagnosed as gallbladder stones, including 54 cases of silent stones. The frequencies of silent stones in the cases of gallbladder stones by age groups were 23% in the undersixties, 37% in the 60’s, 47% in the 70’s, 57% in the 80’s and 33% in the 90’s: thus, the frequency of silent stones tended to increase with ageing (Fig. 1). The ratio of calcium bilirubinate stones : cholesterol stones in the gallbladder stones was 3:1; and the average age of patients in the silent stone cases was 76, and that of patients in the symptomatic gallstone cases was 73. The hepatic function tests in the cases of calcium bilirubinate stones in the 60’s and higher age group were that ZTT was not less than 13 Kunkel units in 27% of the cases; Al-P, not less than 11 KA units in 48%, and GPT, not less than 36 KA units in 14%; whereas the parameters were likewise elevated in 24, 60 and 26% of the cases of symptomatic gallstones in the same age group: thus, Al-P and GPT were abnormal at higher rates in the latter. Gallbladder cancer was found in 16 of the 1,000 cases, and of the 16 cases, gallstones were found in 11, and absent in 5. The average age of patients in the 11 cases of gallbladder cancer with gallstones was 77. The incidence of gallbladder cancer in all the cases of gall-
bladder stones was 7.4%, and that in the cases of silent stones was 1%. The symptoms in the cases of gallbladder cancer with gallstones comprised jaundice in 4, pain of the upper abdominal region in 9, and fever also in 9 cases, whereas, out of the hepatic function tests, ZTT was abnormal in 13%, Al-P was abnormal in 89% and GPT was abnormal in 33%; thus, Al-P was severely abnormal in many cases in particular. Out of these 11 cases of gallbladder cancer, the courses in 10 were followed up for more than 1 year, and from the symptoms observed, 9 of them were considered the cases of symptomatic gallstones, and only 1, a case of silent stones. Even out of the cases of symptomatic gallstones, an indirect cause of fatal outcome was found only in 1, and gallstones in the biliary system were the cause for fatal outcome in many of the other cases. Also, out of the 27 cases of biliary stones, 7 were diagnosed as cases of silent stones. The histologic examination in the cases of silent stones and those of symptomatic gallbladder stones revealed that there was no marked difference in the findings in the liver, the extrahepatic bile duct, Vater’s papilla, the head of the pancreas, and the gallbladder between these 2 groups of cases.

For the reasons that silent stones are very frequent in aged patients, that the incidence of gallbladder cancer from silent stones is low, and that silent stones are less frequently the cause for death of such patients, surgery may be considered to be relatively infrequently indicated in silent stones.

Natural Course of Gallstones

Haruo Kameda

The First Department of Internal Medicine, Jikei University, School of Medicine, Tokyo

In determining the indication of silent stones for surgery, it is necessary not only to refer to results of operation but, in the cases observed without a surgical approach, to study their natural courses or the effects of internal therapy for global judgement.

The cases of asymptomatic or slightly symptomatic cholesterol gallstones in the gallbladder were followed up chiefly by roentgenography and from changes in clinical manifestations for 1–10 years; and the shadows of gallstones spontaneously disappeared in 8.4%, diminished in size in 3.8%, remained unchanged in 45.5% and enlarged in 32.7% of the cases, and the shadow of the gallbladder was deformed or was not demonstrated in 9.6% of the cases. Furthermore, 9.1% of the autopsy cases in which gallstones were found were complicated by gallbladder cancer. A joint study in Japan of the oral gallstone solubilizers showed that cholesterol gallstones in the gallbladder disappeared or diminished in size in 35.3% of the cases treated with CDCA and 34.5% of the cases treated with UDCA; and these findings are of value in determining the indication of each case for surgery.

The gallstone occurring rate in the autopsied Japanese has recently risen markedly: it was as high as 17.4% (18.0% in women and 16.3% in men) in 1975, and attention should also be called to the data that the rates in the autopsied women during the period from 1974-1977 were very high: 21.6% in the age group of 50-59, 25.9% in the group of 60-69, and 24.1% in the group of 70-79.