Panel discussion-3

Clinical studies on asymptomatic lesions of gallbladder
Moderators: Taketo KATSUKI and Masao OTO

Detection of asymptomatic cholecystic diseases
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Purpose: To review the results of thorough medical checkups done at the clinic of Kagoshima Welfare and Agricultural Association (CKWAA) and those of abdominal echography by group examinations.

Subjects: Out of those who had undergone thorough medical examination at CKWAA, total number of 46073 persons examined during April 1980-March 1987 as well as 9829 who had been examined by means of abdominal echography during June 1984-march 1987 at Kagoshima Prefectural Comprehensive Medical Center were subjected to this review.

Results: Rate of those who required further examination was 9.1% (done abdominal echography alone) by thorough medical checkups, while it was 27.6% (done both abdominal echography and serum biochemistry) by group examination. In both cases 58% of those required further examinations came forth for that purpose. Detection rates of the cholecystic diseases were 2.7% and 4.8%, respectively. Detection rates of cholelithiasis were about 1.1% and 1.6% among males and 2.3% and 3.2% in females, which figures increased as examinees became older. As for the cholecystic polyps the figures were 1.4% and 2.1% in males and 1.2% and 1.4% in females, with relatively higher percentages being seen among younger generation (20s-30s) and without increasing tendency, on the contrary, among older generations. Two cases of cholecystic cancer (one in an early stage) were found through thorough medical checkups in addition to one by group examination. Serum biochemistry done on the occasions of thorough medical checkups showed significance, due supposedly to relatively a large number of those with symptoms, between those with chilelithiasis and without the cholecystic disease, while there was no significance between those with cholecystic polyps and without cholecystic diseases. By group examinations there were no significances between those without cholecystic diseases and with cholelithiasis or cholecystic polyps in terms of serum biochemistry.

Conclusion: Abdominal echography has been supposed to be effective for the detection of asymptomatic cholecystic diseases.

Clinico-pathological study of silent gallstone — with special reference to clinical course and treatment —
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The ease and accuracy of real time ultrasound with which gallstones may be shown in the gallbladder has increased the incidence of silent gallstones. This report describes experience with clinical course and treatment of silent gallstones.
Between 1972 and 1987, 493 patients with silent gallstones have been studied. In those patients, 278 were detected at the Department of Gastroenterology, Juntendo University, and 215 were diagnosed at ultrasound mass survey performed in Iki and Izena Islands. Incidence of silent gallstones was 12.8% of gallstones detected at Juntendo University, and 62.8% of those diagnosed at mass survey. Follow-up of silent gallstones showed that 12.9% of the patients had become symptomatic within three years from the time of diagnosis. In those patients surgical intervention was performed without morbidity or mortality. In only one patient (0.4%), association of carcinoma of the gallbladder was occured.

The result of this study indicates that in silent gallstones operation is not required until the patient becomes symptomatic. Incidence of association of carcinoma of the gallbladder is very low in silent stone.

The management of gallstone disease in consideration of the risk of gallbladder carcinoma
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The relationship between gallstones in 681 patients and gallbladder carcinoma in 216 patients was studied. Gallbladder carcinoma was found by ultrasonography in 10 (1.5%) of the 681 patients with gallstones. In the case control study (216 patients with gallbladder carcinoma versus 648 control subjects with no cancer), the relative risk (odds ratio) of gallbladder carcinoma for those with gallstones was 26.0 (P<0.001), in contrast to those with no gallstones.

Stage 1 gallbladder carcinoma of 24 patients with gallstones was studied histologically. Macroscopic cross-sectional view of Stage 1 carcinoma was divided into two types, the protruded type (79%) and the non-protruded type (21%). The thickness of gallbladder wall in the 19 patients with the protruded type was 3.0±0.8mm (mean±SD), whereas in 9 control cases with asymptomatic gallstones, that was 2.2±0.5mm. The difference between these two groups in the thickness of gallbladder wall was significant (P<0.01). Five patients with the non-protruded type, however, didn't have so thickened wall, with an average of 2.6±0.3mm.

It is apparent that gallstone disease has a close relationship with gallbladder carcinoma. In patients with asymptomatic gallstones, a regular check of gallbladder by image examination is important to detect protruded lesions and/or thickened wall. And the removal of gallstones by extracorporeal shock-wave lithotripsy and/or bile acid resolution therapy may be necessary, if possible.

Surgical treatment of silent stones — operative technique and indication —
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In our department, cholecystectomies are performed, in principle, in cases of cholecystolithiasis soon after discovery, even in cases of silent stones. Therefore, “minilaparotomy” has been devised as an operative technique for cholecystectomy which minimizes the surgical invasion and shortens the number of postoperative days of hospitalization. “Minilaparotomy” is a method by which the gallbladder can be reached using a small incision of 5 cm or less in the right hypochondrium. The postoperative course is very smooth, oral ingestion is possible by the following day and the patient can be discharged on the 3rd postoperative day if so desired. This method has been used on 140 patients to date. The period of postoperative hospitalization has been significantly shortened.

Many patients with gallbladder cancer also have cholecystolithiasis, and there are also many cases of advanced gallbladder cancer where the lithiasis is found before the cancer. The preoperative diagnostic rate is low in cases of cancer in situ of gallbladder. In elderly patients with cholecystolithiasis, there is a high association rate of gallbladder cancer, the disease soon becomes serious with the onset of cholecystitis, and the number of