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A newsletter from Kamineni Hospitals

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Making Your Tomorrow Healthier

ACUTE CHOLECYSTITIS

EVERY STONE TELLS A STORY

Understanding a Common Gallbladder Emergency

Acute cholecystitis is a sudden inflammation of the gallbladder, a small, pear-shaped organ located beneath the liver on the right side of the abdomen. Although small, the gallbladder plays an important role in digestion by storing and concentrating bile, a fluid produced by the liver that helps break down fats. When the gallbladder becomes inflamed, it can cause significant pain and requires prompt surgical attention.

What Causes Acute Cholecystitis?

In the majority of cases, acute cholecystitis is caused by gallstones. These are hardened deposits of bile components that can form inside the gallbladder. When a gallstone blocks the cystic duct—the tube through which bile leaves the gallbladder—bile becomes trapped. This build up leads to irritation, inflammation, and sometimes infection of the gallbladder wall.

Less commonly, acute cholecystitis can occur without gallstones, a condition known as acalculous cholecystitis. This form is more likely to affect people who are seriously ill, have experienced major trauma, or have conditions that reduce blood flow to the gallbladder

Symptoms to Watch out for

The hallmark symptom of acute cholecystitis is sudden, severe pain in the upper right side of the abdomen. This pain may:

- Spread to the right shoulder or back
- Worsen after eating, especially fatty meals
- Last for several hours

Other common symptoms include:

- Nausea and vomiting
- Fever
- A feeling of bloating or fullness
- Abdominal tenderness

Because these symptoms can overlap with other abdominal conditions, medical evaluation is essential.

Diagnosis

Clinical examination along with liver function tests and imaging is done. Ultrasound abdomen is the gold standard test to diagnose gall stones and inflammation. In cases where bile duct is dilated or patient develops jaundice, MRCP is advised.

Treatment

Modality depends on the severity of the disease. Admission, medication for pain relief, antibiotics and stabilising the patient.

Surgery, removal of the gallbladder (cholecystectomy), is the definitive treatment for most patients. Today, this procedure is commonly performed using minimally invasive **Laparoscopic** techniques, allowing for faster recovery and fewer complications.

If left untreated, gall bladder infections can lead to perforated gall bladder, abscess formation and systemic sepsis and death.

Being a high-volume centre with significant experience and expertise, Kamineni has successfully performed over more than 700 Laparoscopic Cholecystectomies, 30 open Cholecystectomies, 81 Endoscopic Retrograde Cholangiopancreatographies (ERCP) and about 60 Ultrasound guided Cholecystostomies in the last year.

Case Report 1

A 34-year-old lady presented to the General Surgery OPD of Kamineni hospitals, LB Nagar with pain right upper abdomen on and off for 3 years. She underwent Open Cholecystectomy and Appendectomy 3 years ago at another hospital. Pain increased in intensity in the last 3 days with bilious vomiting. She had no fever, constipation or loose stools. On examination, she had right subcostal scar from previous surgery and tenderness in the right upper abdomen. Ultrasound of the abdomen showed presence of Gall bladder with 14mm calculus, which confirmed previous Subtotal/ Partial Cholecystectomy. Patient was taken up for Laparoscopic Cholecystectomy under General Anesthesia after thorough evaluation.

The regular 4 port Laparoscopic approach was adopted. Intraoperatively, there were dense adhesions between the Liver and Anterior abdominal wall at the previous incision site. Stomach and Duodenum were adherent to the Liver and Gall bladder. Gall bladder with a short cystic duct was noted. Adhesions were separated and Cholecystectomy was completed. Post operatively, patient was supported with analgesics and IV fluids, discharged uneventfully. Patient is on regular follow up and the histopathology confirmed Chronic calculous cholecystitis,

Conclusion

Right upper abdominal pain after Cholecystectomy should be evaluated thoroughly for retained stones as the incidence of stump Cholecystitis is increasing due to increased incidence of Gall stones and its complications.

The increased incidence of Gall bladder stones is due to varied reasons like sedentary lifestyle, low fiber, high fat diet and various lifestyle changes. Due to these reasons, surgeries and its related complications like retained calculi and stump Cholecystitis are also on the rise. But with experienced hands these complications can be promptly tackled

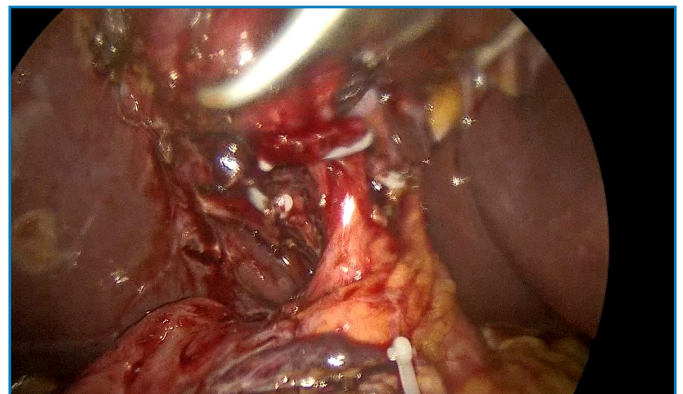
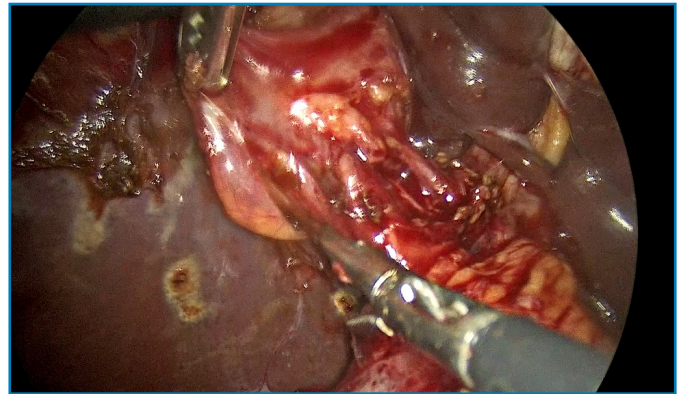
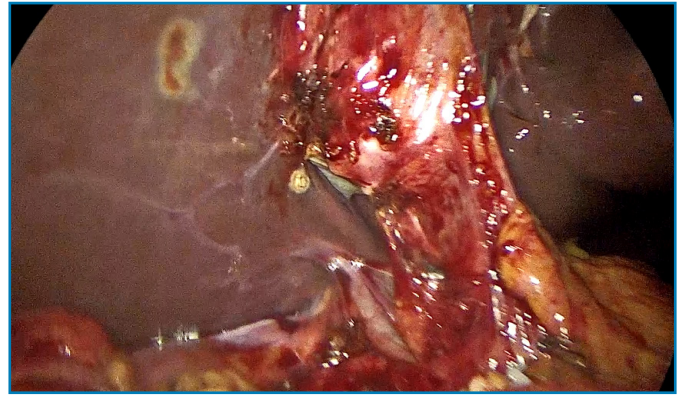
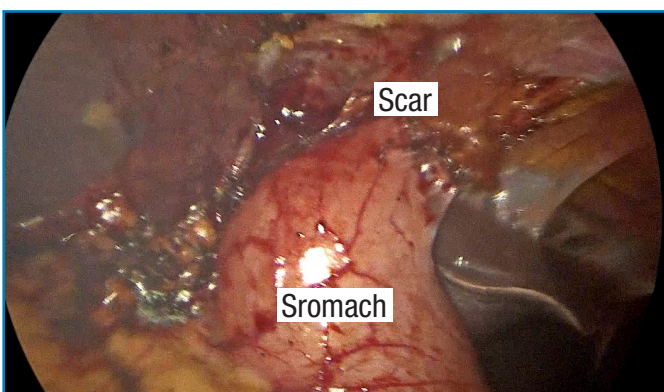
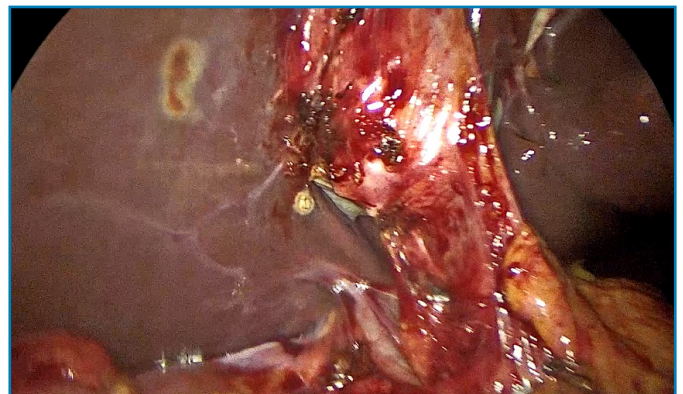


Fig 1 – Dense adhesions between Stomach and scar.

2- Adhesions between Liver and Stomach released and GB exposed

3 - Calot's triangle exposed, cystic duct and artery identified

4 - Cystic duct and artery clipped and cut.



Histopathology of the resected specimen showing inflammatory infiltrate in the submucosal layer of the gall bladder suggestive of Cholecystitis.

Case Report 2

A 50-year-old man presented to the OPD with complaints of colicky left upper abdominal pain for 2 months which aggravated on eating fatty food. He also had two episodes of vomiting and low-grade fever with chills for 3 days. Patient is a known case of Situs Inversus Totalis which means the internal organs are mirrored to the opposite side of the body due to malrotation. On examination, the patient had tenderness left upper abdomen. Patient was evaluated with Ultrasound and MRCP which showed Acute on Chronic calculous Cholecystitis in a left sided

Liver and Gall bladder. Percutaneous Cholecystostomy was done under Ultrasound guidance.



Mrcp showed mild diffuse gall bladder wall thickening(5mm) with luminal narrowing. Calculus measuring 10x9mm is seen in the neck of gall bladder. Thin rim of pericholecystic fluid is seen suggestive of acute calculous cholecystitis. Cholecystostomy tube noted on the left side, which is seen traversing the segment vi of liver with its tip in the lumen of gall bladder. Cbd is normal in calibre

Laparoscopic cholecystectomy was done after 6 weeks which showed a contracted Gall bladder with Mirizzi's syndrome. Dense adhesions were noted between Liver and anterior abdominal wall, also between Stomach and Gall bladder in the setting of Situs Inversus Totalis. Patient was managed with analgesics and supportive care post operatively and had an uneventful discharge. Histopathology confirmed Acute on Chronic Cholecystitis.

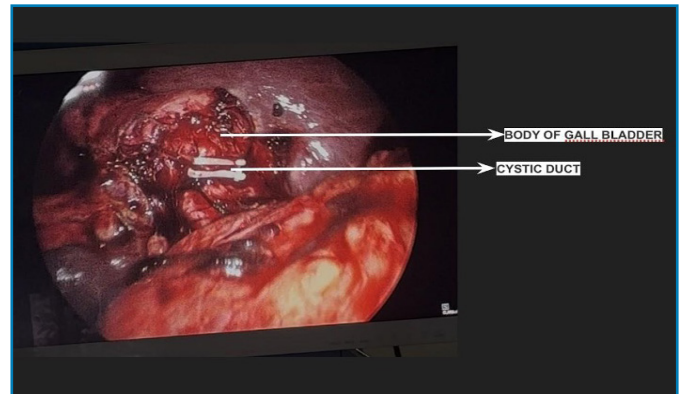
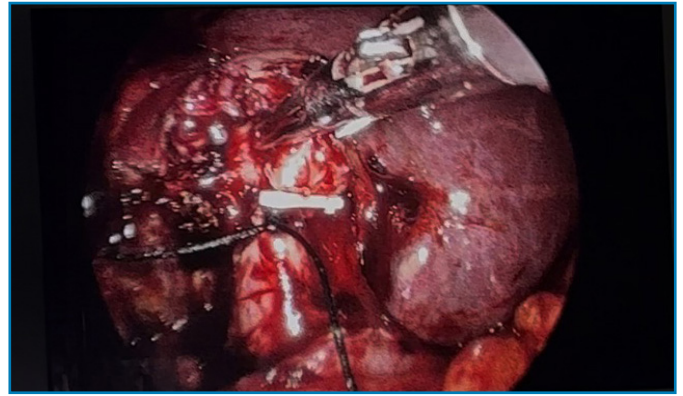


Fig 1 – Left sided Liver and GB with dense adhesions to the Stomach

Fig 2- Calot's exposed, artery and duct ligated and clipped

Fig 3- Clipped Cystic artery and duct

Laparoscopic Cholecystectomy is the standard procedure for treatment of Gall stones. However, in a patient with Situs Inversus, due to the abnormal anatomy, it becomes challenging.

The ergonomics of Laparoscopic equipment placement, position of the Surgeon and assistants, port placement, dissection is completely different than operating on normal anatomy,

In this case, the Surgeon with Camera Assistant was placed on the right side of the patient and the second assistant on the left side. Ports were placed on the left Midclavicular and anterior axillary line as opposed to the traditional right sided ports.

This case posed difficulty in performing surgery due to unconventional positioning of ports and reversing of the role of hands which requires surgical expertise

In Conclusion, a 'stone-free and stress-free' Laparoscopic Cholecystectomy in a patient with Situs Inversus is possible with ergonomic modifications in experienced hands

MYTHS & FACTS

Myth: Gallstones can be dissolved naturally or flushed out.

Fact: Unlike Kidney stones, Gall bladder stones cannot be flushed out or dissolved. There is no proven natural remedy or "gallbladder flush" that safely removes stones. Such methods may be risky and ineffective.

Myth: One must completely avoid fat to prevent stone formation.

Fact: You should not eliminate fat entirely. Small amounts of healthy fats help the gallbladder empty regularly, reducing bile stagnation. Healthy amount of fat is needed for Vitamin absorption. Deep-fried, low fibre meals to be avoided.

Myth: Surgery is always required for gallstones.

Fact: Asymptomatic gallstones do not need treatment. Surgery (cholecystectomy) is recommended when:

- Pain
- Complications develop (infection, pancreatitis, obstruction)

Myth: Gallbladder removal causes lifelong digestive problems.

Fact: Most people digest food normally after surgery. A few may experience mild diarrhea or bloating initially, which usually improves over time.

Myth: Small stones are harmless

Fact: Small stones can be more dangerous because they can slip into bile ducts and cause Jaundice, Pancreatitis and Cholangitis.

Myth: Once stones are removed, they won't recur

Fact: After gallbladder removal, stones do not recur. However, if the gallbladder is retained partially during surgery, stones can form again.

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