

The Post-Cholecystectomy Syndrome in Pediatrics

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DESCRIPTION

Under the liver on the right side of the body is an organ called gallbladder. Bile, a substance produced by the liver, aids in food digestion. The bile is kept in the gallbladder. The gallbladder discharges bile into the intestine through ducts when we eat. One of the most prevalent and expensive gastrointestinal conditions that necessitates hospitalization is gallbladder disease. The incidence of cholelithiasis in children has grown, but gallbladder calculi are still relatively uncommon in children and more common in the adult population. Gallstone symptoms are not always present. Gallstones, however, can cause pain in the upper right or central area of the abdomen, just below the ribs. Especially after eating fatty foods, abdominal pain may worsen. This aching, or intense pain may also affect the back or right shoulder. According to reports, children's gallstone prevalence ranges from 0.1% to 1.9%. There are various factors that can increase a child's chance of acquiring gallstones. These include obesity, genetic diseases, trauma, sepsis, long-term parenteral feeding, hemolytic illness, and sepsis. A cholecystectomy is a surgical technique used to remove the gallbladder. The conventional treatment for symptomatic gallstone disease in both adults and children is cholecystectomy.

There are two different procedures for removing the gallbladder; the first is the open (conventional) approach, which involves making an incision in the upper right side that is between 4 and 6 inches long. The gallbladder is located by the surgeon, who removes it through the incision. The second technique employs three to four very small incisions and is called the laparoscopic technique. It utilizes a laparoscope, a long, thin tube. There is a small video camera inside the tube, as well as surgical equipment. Tubes, cameras, and tools are inserted through the incisions. While operating, the surgeon watches a TV display. One of the incisions is used to remove the gallbladder. Laparoscopic cholecystectomy is less invasive. This indicates reduced bleeding and the use of relatively small incisions in the abdomen. In comparison to open surgery, the recovery period is

typically shorter. Unfortunately, not every patient has complete symptom alleviation following cholecystectomy, and some even experience additional gastrointestinal issues after surgery. After a cholecystectomy, abdominal symptoms may continue or develop, which is known as Post-Cholecystectomy Syndrome (PCS).

PCS symptoms are frequently classified as biliary or non-biliary. The most frequent causes of non-biliary symptoms are undiagnosed extra-biliary disorders, such as functional dyspepsia or irritable bowel syndrome. Duodeno-gastric biliary reflux, which can cause increased bile flow into the upper gastrointestinal tract, may be a major factor in the pathophysiology of symptoms like dyspepsia, gastric/duodenal ulcers, and nausea. PCS has biliary etiologies such as retained calculi, bile leaks, biliary strictures, a lengthy remnant cystic duct, and sphincter Oddi dyskinesia. PCS affects 5%-47% of individuals and is far more common in women than in men.

The most common side effects following cholecystectomy were diarrhoea, bloating, and reflux/heartburn. As a result of the gallbladder's reservoir function being lost, a cholecystectomy may result in both diarrhoea and bloating. Many adult patients have reported experiencing reflux and dyspeptic symptoms both prior to and following cholecystectomy. Thus, reflux or heartburn may both result from and continue after cholecystectomy. Even though children frequently have distinct etiologies and preoperative symptoms compared to adults, it is intriguing that postoperative symptoms are identical in both children and adults.

The most frequent reason for cholecystectomy was stomach pain, and 90% of patients reported complete postoperative alleviation from their symptoms. Between 60% and 100% of people who experience stomach pain completely heal. As was already established, comorbidities in paediatric patients having cholecystectomy frequently result in abdominal complaints. The fact that the cholecystectomy had such a positive impact on abdominal pain in nine out of 10 patients is thus encouraging. This shows that cholecystectomy is an effective method of treating paediatric patients' gallstone-related discomfort.

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