

RUQ PAIN WITH CHOLELITHIASIS

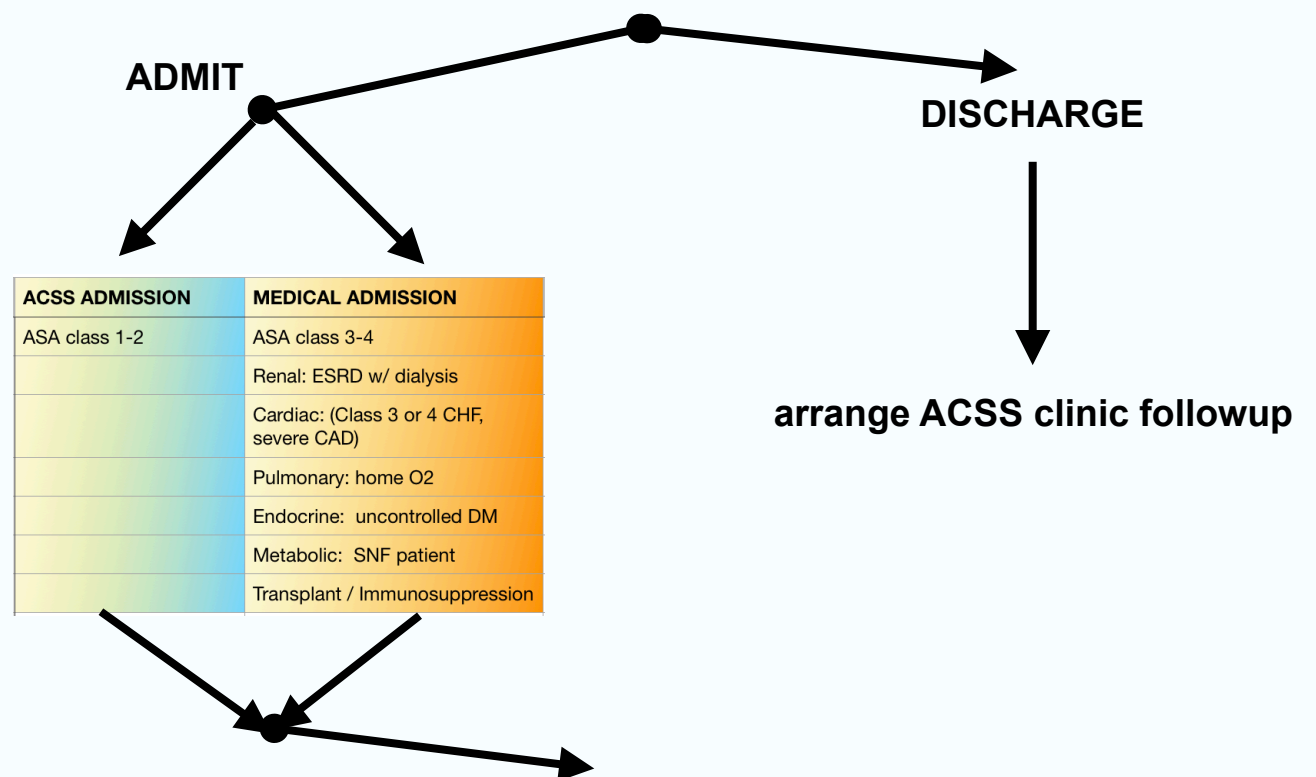
Dr. Knowlton, 2017

EVALUATION



	CHOLECYSTITIS	CHOLELITHIASIS
CLINICAL		
Pain Type	Constant	Crampy
Murphy's sign	Present	-
Palpable Mass	Present*	-
Nausea/Vomiting	Intractable	Transient
Fever	>38.5*	-
HR	Tachycardia (>100)*	-
WBC	Leukocytosis (>11)*	-
CRP	Elevated	-
IMAGING		
GB wall thickening	>4mm	<4mm
Pericholecystic fluid	Present*	-
Pneumatosis	Present*	-
Mucosal Sloughing	Present*	-
HIDA	Absent filling	Normal filling

DISPOSITION



MANAGEMENT

ADDITIONAL RISK FACTORS

- Obesity
- Diabetes
- Steroids
- Previous upper abdominal surgery

ANTIBIOTIC OPTIONS

- A: cefazolin, cefuroxime, ceftriaxone for community acquired cholecystitis
- B: Meropenem, doripenem, pip-tazo, cipro/levaquin/cefipime + flagyl for more severe disease or immunosuppression
- Vanco plus B for healthcare-associated infection

SOURCE CONTROL + ANTIBIOTICS

	TOKYO CRITERIA	
Grade 1: Mild	Grade 2: Moderate	Grade 3: Severe
Acute Cholecystitis	Acute Cholecystitis	Acute Cholecystitis
No Organ Dysfunction	No Organ Dysfunction	Organ Dysfunction (SIRS or MSOF)
No evidence of extensive disease	Evidence of more extensive disease	Evidence extensive disease or gangrene
No additional Risk Factors	Evidence of additional Risk Factors	Prohibitive additional Risk Factors
OPERATE	OPERATE with a backup plan OR CHOLECYSTOSTOMY if multiple comorbidities	CHOLECYSTOSTOMY