

key points

SELECTED BY

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Gallstones affect around 15% of adults in the UK.

Between 50 and 70% of patients with gallstones are asymptomatic at the time of diagnosis and only 10-25% of these individuals will go on to develop symptomatic gallstone disease. The vast majority (90-95%) of gallstones are cholesterol stones. To prevent gallstones, the European Association for the Study of Liver Disease recommends a healthy lifestyle and diet, regular physical activity and maintenance of an ideal body weight.

Obesity is associated with an increased risk of symptomatic

gallstones. There is also a strong independent association between cholesterol gallstones and type 2 diabetes. Other risk factors for cholesterol stones include female gender, pregnancy, oral hormone replacement therapy, advancing age, rapid weight loss, bariatric surgery, Crohn's disease and cirrhosis.

The most common symptom of gallstones is biliary colic.

This is a steady, pain in either the epigastrium or right upper quadrant (that may radiate to the interscapular region or right shoulder). It typically builds to a peak within 30 minutes, and lasts for between 30 minutes and 8 hours. It is frequently triggered by fatty foods and may be associated with nausea and vomiting but not fever or abdominal tenderness. A proportion of patients will present with atypical symptoms such as dyspepsia. Patients who undergo cholecystectomy for dyspepsia attributed to gallstones do not have a good clinical outcome.

Patients with symptoms suggestive of gallstones should

be offered liver function tests (LFTs) and an abdominal ultrasound. Patients with proven gallstones and uncomplicated biliary pain should be referred for routine laparoscopic cholecystectomy. It is imperative that a laparoscopic cholecystectomy should only be carried out when the bile duct is clear of stones. As ultrasound may fail to detect common bile duct stones, NICE recommends MRCP for patients who have a dilated bile duct and/or abnormal LFTs. Any patients found to have choledocholithiasis should have bile duct clearance with an ERCP prior to surgery. Bile duct clearance is also recommended for patients with incidental asymptomatic choledocholithiasis.

Cholecystitis is the most common complication of

gallstones and occurs in about 10% of patients with symptomatic gallstones. The presentation is similar to biliary colic and the pain typically lasts longer than 6 hours and is accompanied by fever and raised inflammatory markers. Examination may reveal a positive Murphy's sign.

Patients with choledocholithiasis can develop infection

of the biliary tree (cholangitis) with a risk of life-threatening bacteraemia and biliary sepsis. Patients classically present with pain, fever and jaundice (Charcot's triad), but this has low sensitivity and other diagnostic criteria have been proposed.