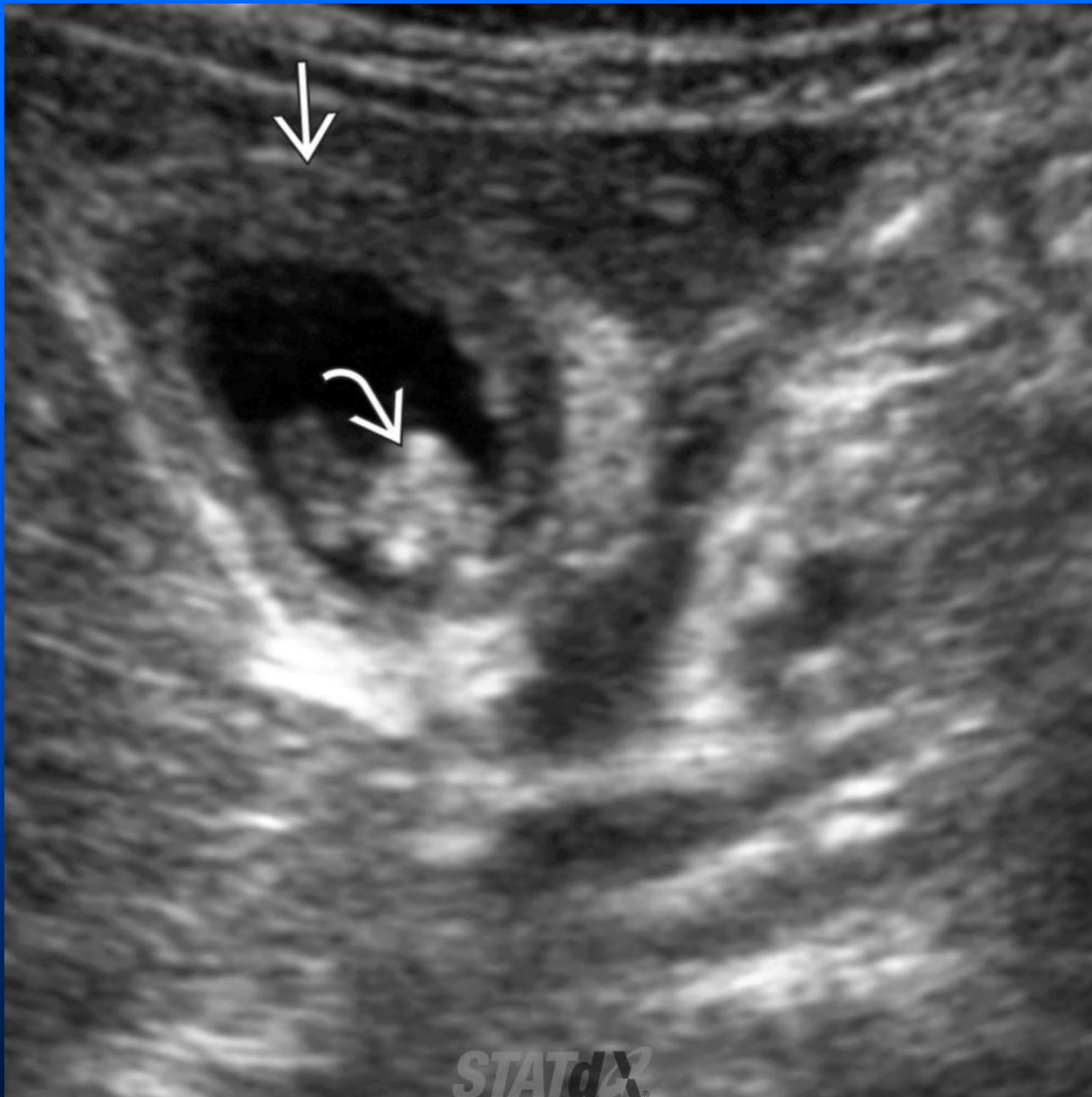


Chronic Cholecystitis

- Chronic inflammation of (GB) gallbladder causing wall thickening and fibrosis.
- Diffuse GB wall thickening, \pm contraction
- Presence of gallstones in nearly all cases
- Pericholecystic inflammation usually absent
- No increased flow within thickened gallbladder wall
- US is initial imaging tool but is nonspecific.

Chronic Cholecystitis

- Most common pathology of gallbladder
- 95% associated with gallstone disease
- Intermittent obstruction of cystic duct causes chronic inflammatory infiltration of wall, which can lead to fibrosis and contraction.
- Seen in same population as gallstone disease (i.e., female < male, middle age, obesity, etc.)
- Good prognosis with minimal symptoms
- Complications include acute cholecystitis, gallbladder carcinoma, and rarely, biliary-enteric fistula



Transverse transabdominal ultrasound shows a GB with diffuse wall thickening (white solid arrow) containing an echogenic sludge ball and nonshadowing gallstones (white curved arrow).

Hepatobiliary scintigraphy

- Delayed GB visualization (up to 2-4 hours)
- Visualization of bowel activity prior to GB activity
- Dysmotility (ejection fraction $< 35\%$ after cholecystokinin)
- Distinguishes acute from chronic cholecystitis

Diagnostic Checklist

- Thick-walled gallbladder
- Gallstones
- No pericholecystic fluid
- Clinical history of recurrent biliary colic with typical US findings is diagnostic
- Clinical history is critical