SUMMARY AND CONCLUSION
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The present study entitled "COMPARISON OF CONVENTIONAL ORAL CHOLECYSTOGRAPHY WITH FRACTIONATED DOSE AND CHOLECYSTOGRAPHY IN RADIOLOGICAL EVALUATION OF GALL BLADDER DISEASE" was carried out on 100 patients, having clinically suspected gall bladder disease, which were referred from out patient departments of medicine and surgery and indoors of these departments of M.L.B. Medical College, Hospital, Jhansi between July 1987 to August 1988.

Patients were clinically and biochemically examined to rule out jaundice.

These patients were randomly divided into two groups of each comprising of 50 patients.

One group of patient was subjected to conventional (single dose) oral cholecystography and other group was subjected to fractionated dose oral cholecystography.

Contrast media used was telepaque and dose used was 3gm. (6 tablets of 0.5gm.) in conventional oral cholecystography 3gm. of contrast media was given at a time, while in fractionated dose oral
cholecystography .5gm. of contrast media was given at hourly interval. Over extended period and skigram was taken after 14 hours.

Patients were radiographed in P.A. and P.A. Oblique position of abdomen.

All the radiological investigation were performed in the department of radiology, M.L.B. Medical College, Hospital Jhansi.

The purpose of this study was to evolve a better method of oral cholecystography, which is benefecial to patients in terms of side effects and also better in making diagnosis.

- On cholecystographic examination out of 100 70 cases 74 gallbladders were visualized and diagnostic.

- 14 cases were showing poor visualization and nondiagnostic.

- In 12 cases gallbladder was not visualized.

- In 74 cases showing diagnostic visualization, 10 cases were showing pathology in the form of radiolucent stone.

- Out of 14 poorly visualized cases, 2 had already shown stone on plane X-ray.
Out of 12 cases of nonvisualized gallbladder
1 was showing radiopaque stone in gallbladder
and bilateral renal stone, on surgical followup.

7 cases showing multiple stone. 1 case
showing mucocoel of gallbladder 1 was having
pyocoel of gallbladder 3 cases were diagnosed
as chronic cholecystitis. 1 patient was having
hypoplastic gallbladder with stone in common
bile duct.

In making comparison of fractionated dose
cholecystography and single dose cholecystogra-
phy (Conventional Method) following observation
were made.

There were 50% lesser side effect in fractionated
method of cholecystography.

There was higher incidence of good opacification
with fractionated dose cholecystography.

Bile duct visualization was more in fractionated
method of cholecystography. 56% in cases of
fractionated method and 40% in cases single dose
method.
Unabsorbed colonic residual of contrast media was less in cases of fractionated dose method in fractionated dose contrast media was present in 10% cases of bowel segment. While it was present in 18% cases in conventional (Single dose method). Due to less incidence of colonic residual in fractionated method there is less interference of superimposed bowel segment in making diagnosis.

It is clear from above observation that administration of the contrast media in a fractionated manner resulted in better opacification of gallbladder. The higher success rate with this method is attributed to better absorption and greater time interval for enterohepatic circulation of contrast material when it is administered slowly over an extended period thus resulting in better concentration of the dye in the gallbladder.

We conclude that fractionated dose cholecystography using 3gm. of contrast medium is the better method for cholecystographic studies and that increasing the dose at a time does not improve results but may only increase the incidence of side effects.