الآبة

قال تعالى:

وَفِي أَنفُسِكُمْ أَفَلَا تُبْصِرُونَ)

صدق الله العظيم

الذاريات 21

Dedication

This thesis is dedicated with great love to

Soul of My parents

My Dear Husband Adil

Dear Brothers and Sisters

Acknowledgment

Praise be to Allah firstly, great thanks to my supervisor Dr Asma Ibrahim Ahmed Elamin for all the help, guidance and expertise provided by he throughout the stages in this study to complete positive arguments in the field of ultrasound.

A lot Thanks to my colleague Dr Raja Ahmed Aburaida for being with me and for her support and encouragement.

I am grateful to acknowledge staffs of Omdurman Military hospital who help me to collect this data.

Special acknowledgement to my colleagues and my family

ABSTRACT

Gall bladder stone is a common clinical problem. Accurate diagnosis is essential to minimize the complications of this disease in order to establish are liable diagnosis, many factors need to present e.g. patient with clinical signs and symptoms of right upper quadrant pain, that is irradiated to right shoulder ,positive Murphy's sign and other radiological diagnostic methods. From which ultra sonography, that is chosen modality for this research. the purpose of this research is to assess the role of ultra sound in diagnosing gall stone. The target of this study is the patient who entered ultra sound department with classical signs and symptoms of g.b stone .U/S is now the most widely used and important imaging investigation for detection of gall stone. This research reviewed the gross and sonographyic anatomy of gall bladder, clinical and ultra son graphic finding of gall stone. This study is a practical study which was carried out in Omdurman Military Hospital from Augest 2015 to March 2016. It discusses the role of ultrasound scanning in characterization of gall stone.

50 patient were scanned by ultrasound machine using 3.5-5 MHZ, curved transducer

All patients were evaluated with ultra sonography following the international scanning guide line and protocols. The age of patients is between (9 _ 86) years old ,(64 %) were female and (36%) were male, The youngest patient in this study was 9 years old male, while the oldest was 86years.

Range of age group accumulation for gall stone presence was (31-50)

Years in both female and male .The study find that female patients were affected more than male. We considered in our study the relationship between obesity, sudden weight loss in male and female, multiple

pregnancy and other related diseases such as Diabetic, Hypertensive patients, Thyroid gland diseases and the gall stone discover. From this study it finds that ultra sound is an excellent imaging modality for evaluation of patient suspected to have gall stone, which can provide information about the presence of gall stone and its compilication. it is preferred to be the first method of choice.

ملخص البحث

حصاوى المرارة هي مشكلة سريرية شائعة بسرعة التشخيص لهذا المرض لها أهمية كبرى في التقليل من المشاكل التي تنتج عن تكون حصاوى المرارة. وللوصول الى التشخيص الصحيح يجب علينا أن نأخذ في اعتبارنا عدد من الأعراض والعلامات مثل ألم في الجانب الأعلى يمتد الى الكتف الشمال ألم في نفس المنطقة عند الضغط عليها أثناء الفحص كذلك كثير من وسائل التشخيص الأخرى والتي اخترنا منها فحص الموجات فوق الصوتية للحصول على تشخيص نهائي للحالة الغرض من هذا البحث دراسة دور الموجات فوق الصوتية في تشخيص حصاوى المرارة واستهدفت هذه الدراسة مجموعة من المرضى الذين حضروا لقسم الموجات الصوتية

بمستشفى السلاح الطبى بأم درمان وهم يعانون من أعراض حصاوى المرارة. وتعتبر الموجات فوق الصوتية الطريقة الأكثر انتشارا" والأسرع والأدق فى تشخيص هذا المرض. فى هذه الدراسة قمنا باستعراض التشريح العام بالموجات فوق الصوتية بالنسبة للمرارة وموجودات الموجات فوق الصوتية بالنسبة لحصاوى المرارة ومشاكلها فى هذا البحث تمت دراسة 50 حالة مرضية تعاني من اعراض حصاوى المرارة فى الفترة ما بين اغسطس 2015 حتى مارس 2016.

تم اخضاع كل المرضى للتشخيص بواسطة أجهذة الموجات فوق الصوتية وفقا" للبروتوكولات العالمية المتبعة في هذه الدراسة كانت أعمار المرضى ما بين ال 9 وال 86 سنة كانت نسبة الاناث 64% والذكور 36% وكان أصغر الأعمار 9 أعوام وأكبر ها 86 عام وجدت الدراسة أن العمر التراكمي لحدوث حصاوي المرارة ما بين 31 الى 50 عام بالنسبة للجنسين وخلصت أيضا الى اذدياد نسبة الاصابة وسط الاناث أكثر من الذكور . أخذت الدراسة في الاعتبار العلاقة بين ذيادة الوزن ونقصان الوزن المفاجئ ونسبة الاصابة بحصاوي المرارة .

كانت أوزان المرضى تتراوح بين (45_100) كجم. ومن خلال النتائج التى توصلت اليها الدراسة وجد ان أكبر نسبة اصابة كانت بين الاناث بسبب الوزن الذائد أو نقصان وزن مفاجئ أو اذدياد عدد مرات الولادة وغيرها من الامراض المصاحبة كالسكرى و االضغط واضطرابات الغدة الدرقية ونقص المناعة المكتسبة وامراض الدم. من خلال دراسة النتائج التى توصلت اليهاالدراسة وجدان الموجات فوق الصوتية لها دور عظيم فى تشخيص حصاوى المرارة وكانت هى الأكثر دقة والأقل مخاطر حيث انها تتسم بالسلامة وقلة التكلفة مما جعلها فى متناول يد المريض.

List of abbreviations

GB	Gall bladder
AP	Anterioposterior
CBD	Common bile Duct
CHD	Common hepatic Duct
Cm	Centimeter
Mm	Millimeter
CT	Computed tomography
MRI	Magnetic resonance imaging
ERCP	Endoscopic retrograde choloangio – pancreaticograpty
PSC	Primary sclerosing cholangitis
US	Ultrasound
I.V.C	Inferior venacava
L.S	Longitudinal section
T.S	Transverse section
M.H.Z	Mega Hertz

List of figures:

FIGURE	PAGE.NO
Figure:(2-1):Shows Anatomy of gall bladder	3
Figure:(2-2): Shows Development anatomy	5
Figure:(2-3): Shows Gallbladder dimention in ultrasound	6
Figure :(2-4): Shows cross section of gall bladder	7
Figure:(2-5) Shows gallbladder relations	8
Figure:(2-6) Shows the biliary tree	9
Figure:(2-7 Shows Gall bladder parts	11
Figure:(2-8): Shows Blood supply	14
Figure (2-9):Shows Gall Bladder Agenesis	23
Figure :(2-10) Shows Double G.B	23
Figure:(2-11): Shows Phrygian cap	24
Figure (2- 12): Shows Bilobulated Gall Bladder	25
Figure:(2-13) Shows Hour Glass G.B	25
Figure:(2-14)Shows intra hepatic gall bladder with stones	26
Figure:(2-15):Shows Left sided gall bladder	26
Figure:(2-16) Shows Gall bladder Trabiculation	27
Figure:(2-17)Shows floating gall bladder	27
Figure: (2-18) Shows Gall bladder aphasias	28

Figure (2-19):Sows Accessory hepatic Duct	29
Figure (2- 20): Shows Extra hepatic biliary atresia	29
Figure:(2-21)shows Sludge	31
Figure (2-22):Shows Area Of Gall stone Formation	31
Figure :(2- 23)Shows Gall stone appearance	32
Figure :(2- 24):Shows Area Of Gall Stone Attack	34
FIgure : (2-25)Shows mobility of gall stone	35
FIgure :(2- 26) Shows gall stone shadowing	36
FIgure :(2- 27)Shows Acute Chole cystitis	37
FIgure:(2- 28) Shows Gall bladder Perforation	38
Figure:(2- 29) Sows Gall bladder polyp	39
Figure:(2-30)shows Gall bladder Carcinoma	40
Figure:(2- 31):Shows Gall bladder Hydrop	40
Figure: (32):Shows porcelain Gall bladder	41
Figure:(2- 33):Shows choledochlethiasis	42
Figure:(2-34)Shows choledochal cyst	42
Figure (2-35); Shows CholeAngioCarcinoma.	43
Figure (2-36): shows biliary Tract dilatation	44
Figure: (2- 37) Shows:Primarysclerosing cholangitis	45
Figure (2- 38): Shows Gall Stone In Plain Radiograph.	46
Figure(2- 39) Shows Normal Gall Stone Appearance	46
Figure (2-40) :Shows Gall Stone In MRI	48

Figure (2-40) :Shows Gall Stone In MRI	49
Figure:(2-41):Shows Gall Stone In ERCP	50
Figure: shows (2- 42):Showed MRCP	51
Figure (2-43)Shows Hida scan	51
Figure (2-44);Shows PTC	52
Figure 4.1 shows distribution of sex of gall bladder stones	55
Figure 4.2 Shows clacification of gall stone according to type	56
Figure 4.3 Shows distribution of patient according to diseases and other finding	56
Figure 4.4 shows disstribuation of patient according to age group	57
Figure 4.4 shows disstribuation of patient according to age group	57
Figure 4.5 disstribuation of patient according to their wight	58
Figure 4.6 Shows distribuation of patient according to their wight	58

LIST OF TABLES:

TABLE	PAGE. NO
Table(2-1)Body habitus and gall bladder positioning	16
Table (2-2) Todani classification for choledochal cyst	46
Table(2-3) Showed clacification of CholeAngioCarcinoma	47
Table (2-4) Distribution of CT pattern of Gall stones	50
Table (3.1.2) Machine used	57
Table(4-1)Shows patients distribution according to gender:	59

List Of Contents

Topic	Page
	No
الاية	I
Dedication	II
Acknowledge	III
List of abbreviations	VII
List of figures	VIII
List of tables	XII
Abstract English	IV
Abstract Arabic	VI
Chapter one	
Introduction	
1-1 Introduction	1
1-2 Objectives	2
1-2-1 General objectives	2
1-2-2 Specific objectives	2
1-9 Over view of study	2
1 > 0 tol tion of blady	

CHAPTER TWO	
2- 1 Definition	3
2- 1 Definition	
2-2 Anatomy of gall bladder	3
2-2-1 Developmental Anatomy	4
2-2-2 Microscopic Anatomy	6
2-2-3Surface Anatomy	8
2-2-4 Macroscopic Anatomy	9
2-3 Sonographic Anatomy	15
2-3-1 son graphic anatomy of Bile Duct	17
2-4 Physiology of gall bladder and biliary system	18
2-4-1 secretion of bile and bile acid role in digestion	18
2-4-2 role of acid in fat digestion and absorption	19
2-4-3 Role of acid in cholesterol homeostasis	19
2-4-4 Pattern and control of bile secretion	19
2-4-5 Cholecystokinin	20
2-4-6 Secretion	20
2-5 Scanning technique	20
s2-6 Gall bladder and biliary tract anomalies	20
2-6-1 Anomalies of gall bladder	21
2-6-1-1 Abnormal number	22

2-6-1-1-1 Hypoplasia or gall bladder agenesis	22
2-6-1-1-2 Double gall bladder	23
2-6-1-2 Abnormal shape	24
2-6-1-2-1- Phrygian cap	24
2-6-1-2-2 Bilobulated gall bladder	24
2-6-1-2-3 Hour glass gall bladder	25
2-6-1-3 Abnormal positioning	26
2-6-1-3-1 Intra hepatic gall bladder	26
2-6-1-3-2 Trans position ,left sided gall bladder	26
2-6-1-3-3 Retro displacement gall bladder	27
2-6-1-3-4 Floating gall bladder	27
2-6-1-3-5 Aphasia of gall bladder	28
2-6-2 Anomalies of duct	30
2-6-2-1 Extra hepatic biliary Artesia	29
2-6-2-2 Choledochal cyst	29
2-6-2-3 Anomalies of c.b.d	30
2-7 Gall bladder pathology	30
2-7-1 sludge	30
2-7-2 Gall stone	31
2-7-3 Acute Chole cystitis	37

2-7-4 perforation	37
2-7-5 Empyma	38
2-7-6 Chronic cholecystitis	38
2-7-7 Polyp	39
2-7-8 carcinoma	39
2 - 7 - 9 Hydrop of gall bladder	40
2-7-10 Porcelain gall bladder	40
2-7-11 Typhoid gall bladder	41
2-8 pathology of biliary duct	41
2-8-1 Choledochlethiasis	41
2-8-2 Choledochal cyst	42
2-8-3 CholeAngioCarcinoma	43
2-8-4 Biliary tract dilatation	44
2-8-5 Primary sclerosing cholangitis	44
2-8-6 Secondary sclerosing cholangitis	45
2-9 Imaging study of gall bladder	45
2-9-1 radiology	45
2-9-2 Ultra sound	46
2-9-8 Percutanious trans hepatic cholangiopancreatography	47
2-9-4 Magnetic resonance imaging	47
2-9-5 Endo scope retrograde cholangiopancreatography	48
2-9-6 Magnetic resonance cholangiopancreatography	49

2-9-7 Scintgraphy	49
2-9-3 Computerized tomography	49
CHAPTER THREE	
Materials& Methods	
3- 1 Materials	53
3-1-1 Patient sample	53
3-1-2 Machine used	53
3-1-3 Patient preparation	54
3-2 Methods	54
3-2-1 ultra sound technique	54
3-2-2 Patient preparation	54
3-2-3 Image interpretation	54
3-2-4 Data analysis	54
3-2-5 Data collection	54
CHPTER FOUR	
RESULT	
4-1 Cross tabulation	55
CHAPTER FIVE	
DISSCUSION, CONCLUSION AND	
RECOMMENDATION	
5-1 Discussion	59
5-2 conclusion	61
5-3 Recommendations	62
References	63
Appendices	-

Appendix 1 : data collection sheet	-
Appendix 2: related images	-