

Diagnosis

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A clinical diagnosis of acute cholecystitis must be confirmed with radiological and laboratory investigations. USG is the first choice for imaging; however, the sensitivity and specificity of diagnosing acute cholecystitis is increased when combined with positive clinical and/or laboratory findings (Table 71.1 Ludwig Georg Courvoisier , 1843–1918, surgeon, Basel, Switzerland, made his observation in 1890. No mention was made of either gallbladder tenderness or malignancy . - -

criteria for acute cholecystitis. A. Local signs of inflammation, etc. 1) Murphy's sign 2) Right upper quadrant pain/tenderness/mass B. Systemic signs of inflammation, etc. 1) Fever 2) Elevated CRP 3) Elevated WBC count C. Imaging findings Imaging findings characteristic of acute cholecystitis: Suspected diagnosis : 1 item in A + 1 item in B Definite diagnosis : 1 item in A + 1 item in B + C CRP , C-reactive protein; WBC, white blood cell. Reproduced with permission from Yokoe M et al . Tokyo Guidelines 2018: diagnostic criteria and severity grading of acute cholecystitis (with videos). J Hepatobiliary Pancreat Sci 2018; 25 (1) 41-54.

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