Know these 5 diagnoses: cholelithiasis +/- biliary colic, cholecystitis, choledocholithiasis, cholangitis, and gallstone pancreatitis

1. **Cholelithiasis** = gallstone in the gallbladder
   - **Biliary colic** = episodes of spasmy RUQ pain that resolves (*intermittent cystic duct obstruction*)
     - RUQ US -> shows cholelithiasis
     - Pt gets surgery f/u in clinic -> *elective lap chole*

2. **Cholecystitis** = inflammation of gallbladder
   - *Constant cystic duct obstruction* with back-pressure, ischemia, inflammation
   - RUQ US -> GB wall thickening, pericholecystic fluid, and cholelithiasis
   - Pt gets *urgent cholecystectomy*

3. **Choledocholithiasis** = *constant common bile duct obstruction by stone*
   - Persistent pain + liver outflow is blocked -> increased LFTs
   - At risk for cholangitis
   - RUQ US may not show stone, but may show CBD dilation!
   - *Tx = ERCP* (endoscopic retrograde cholangiopancreatography)

4. **Cholangitis** = infection of the bile duct
   - *Charcot’s Triad = RUQ pain, fever, jaundice*
   - Pt needs ERCP, fluids, and abx!

5. **Gallstone pancreatitis**
   - CBD obstructing stone also *obstructs main pancreatic duct*
   - Same stuff as above, but also elevated lipase
   - *Tx = ERCP, fluids, pain meds*

**Quick Facts**

- Classically biliary colic wakes people up from sleep
- 15% of the population have gallstones and only 1% have complications from them
- Risk factors for gallstones: fat, female, fertile, forty
- Don’t miss these orders for RUQ pain: LFT, RUQ ultrasound, lipase
- Also know Reynaud’s Pentad: Fever, RUQ pain, jaundice, altered mental status, and signs of shock