Diseases of the bile duct Biomedical Engineering - URJC

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Anatomy of Bile System

Bile

Produced by the liver, transported via bile ducts.

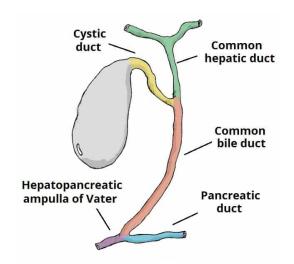
Biliary Tree

Right and left hepatic ducts merge into common hepatic duct, combining with the cystic duct to form the common bile duct.

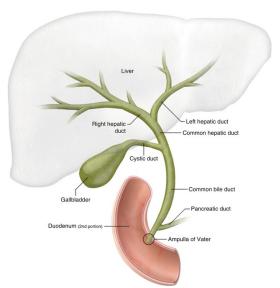
Function

Bile ids fat digestion, is stored in gallbladder, then released to duodenum

Anatomy of Bile System



Anatomy of Bile System



Jaundice



Jaundice is a condition that causes yellowing of the skin and eyes. It occurs when there is a buildup of bilirubin, a yellow pipment that is produced when red blood cells break down, in the blood. When the levels of bilirubin become too high, it can cause jaundice.

Jaundice in other languages

■ Italian: Ittero

French: Jaunisse

German: Gelbsucht

Nederlands / Dutch: Geelzucht

■ Turkish: Sarılık

Jaundice

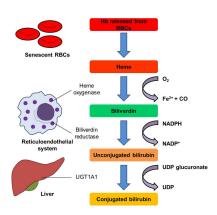
- Jaundice: **Yellow discoloration** due to bilirubin accumulation.
- Bilirubin Components: Unconjugated and conjugated.
- Pathophysiology: Bilirubin metabolism stages explained.

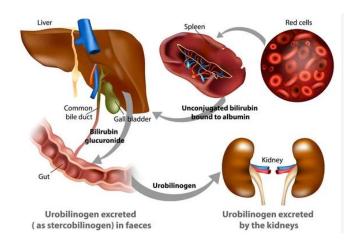
Bilirubin metabolism

- **1 Production**: Bilirubin is released by red blood cells.
- **2 Hepatic uptake**: Bilirubin in its unconjugated form gets transported to the liver.
- **Conjugation of bilirubin**: Bilirubin bounds to glucuronic acid in the liver.
- 4 Bile secretion from liver into the gut.

Bilirubin Production

- Originates from senescent or defective red blood cells
- Released during the death of red blood cells, typically in the spleen



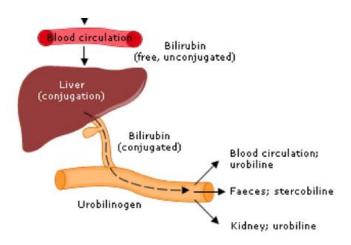


Hepatic uptake

Unconjugated bilirubin transported to the liver

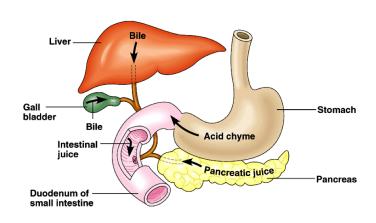
Conjugation of bilirubin

- Unconjugated bilirubin undergoes conjugation to glucuronic acid
- 2 Formation of soluble conjugated bilirubin, which binds to glucuronic acid



Conjugation of bilirubin

- Conjugated bilirubin released into the bile duct
- 2 Stored in the gallbladder, enters the small bowel, and reaches the colon



- 1 Production
- 2 Hepatic uptake
- Conjugation of bilirubin
- 4 Bile secretion from liver

Dysfunction in the first two phases

Results in elevated unconjugated bilirubin

Dysfunction in the last two phases

Results in elevated conjugated bilirubin

Diseases of the bile duct

Jaundice is related to elevated conjugated bilirubin



Clinical Significance

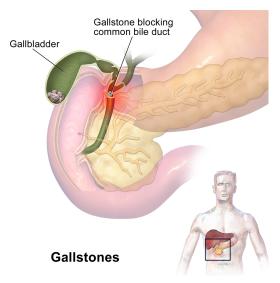
Conjugated Hyperbilirubinemia (Cholestasis)

- Causes: Marked reduction in bile secretion and flow
- Biliary Obstruction: Common cause gallstones obstructing ducts
- Cholestasis due to functional impairment of hepatocytes or obstruction in the excretory pathway
- Consequences: Jaundice, acholic stools (pale, white stools), infectious complications.

Clinical Significance

- Cholelithiasis means gallstones present within the gallbladder, which can cause...
- **Biliary colic** is the intermittent, dull pain due to transient blockage of bile flow, which can cause...
- **Choledocholithiasis** means gallstones situate within the common bile duct, which can cause...
- Gallstone pancreatitis is pancreatic inflammation from gallstone blockage of the pancreatic duct
- **5** Cholangitis is an infection of the bile ducts
- **Cholecystitis** is inflammation of the gallbladder due to prolonged obstruction of the cystic duct

Clinical Significance



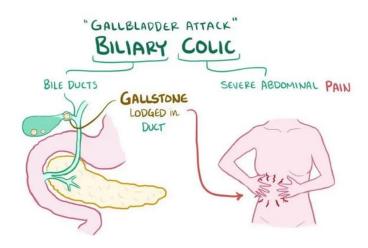
Cholelithiasis

- Gallstones: Hardened deposits in gallbladder.
- Complications: Cholecystitis, cholangitis, choledocholithiasis, gallstone pancreatitis.
- Composition: Bilirubin, bile lipids, cholesterol.

Biliary Colic

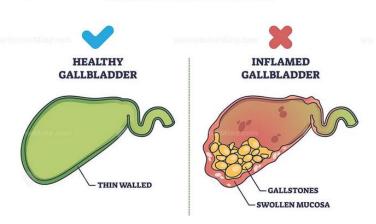
- **Abdominal pain** due to transient bile flow blockage.
- Triggered by large, fatty meals.
- Treatment: Primarily surgical, gallbladder removal.

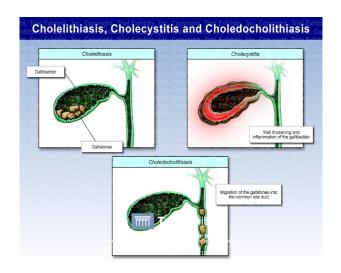
Biliary Colic



- Acute Cholecystitis: Inflammation due to cystic duct occlusion.
- Acute Cholangitis: Life-threatening bacterial infection of the biliary tree.
- Diagnosis: Clinical presentation, laboratory results, imaging studies.

CHOLECYSTITIS

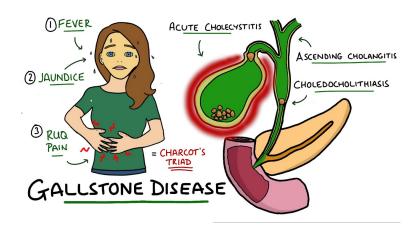




Diagnosis

Gallstone diseases

- Presentation: Right upper quadrant pain, bloating, food intolerances, fever if infected.
- Lab Tests: Elevated WBC, liver enzymes, bilirubin. CT scan and ultrasound for imaging.



Treatment and Management

Gallstone diseases

- Cholecystitis Management: Laparoscopic cholecystectomy.
- Emergency Cases: Immediate biliary drainage for sepsis.
- Biliary Decompression: Endoscopic retrograde cholangiopancreatography (ERCP) as gold standard.