

	Cholelithiasis	Cholecystitis	Cholangitis	Carcinoma of GB
etiology	precipitation of cholesterol in bile due to imbalance of: cholesterol, lecithin, bile salts - 4F risk factors		obstruction of the common bile duct	
clinical presentation	80% asymptomatic, RUQ pain (often after eating), steatorrhea, Murphy's sign, Mirizzi's syndrome		Charcot's Triad: pain, fever, jaundice - slow mentation, sepsis	
labs	U/S, HIDA scan			
pathology	villi bridging, muscle hypertrophy, lymphoid infiltration, Rokitnasky-Aschoff sinuses	acute: congestion, edema, necrosis, ulceration, fibrin, exudate - chronic: atrophy, fibrosis, scar, metaplasia, hyperplasia (wall thickening)	inflammation of biliary tree	adenocarcinoma
treatment	ursodeoxycholic acid, lithotripsy, ERCP, surgery (only if symptomatic)			poor prognosis
complications	cholecystitis, choleangitis, pancreatitis, gallstone ileus, carcinoma			

	Cystic Fibrosis	Acute Pancreatitis	Chronic Pancreatitis	Cancer of Pancreas
etiology	CFTR gene, hereditary: abnormal Cl ⁻ channel, thick secretions in exocrine glands, obstruction	autodigestion via trypsin: obstruction, cell injury, abnormal cell transport, enzyme activation	ETOH (Ca deposits), idiopathic, genetic (CFTR, PRSS1, SPINK 1)	duct epithelias dysplasia, mut in K-ras, inactivation of p16 and p53
clinical presentation	presents in kids: respiratory failure, pancreatic insufficiency, cirrhosis, sinusitis, infertility, meconium ileus, R heart failure, abnormal sweat	men: ETOH, women: biliary tract disease - severe constant epigastric pain bores into back, N/V, shock signs, guarding/rigidity, Grey Turner sign - Atlanta Criteria	large duct disease: ETOH, small duct disease: idiopathic - chronic epigastric pain and exocrine failure	epigastric pain w/ back pain, weight loss, jaundice, Trousseau's sign: hypercoagulability
labs	sweat test, gene test	elev amylase, lipase, TG, LFT	serum trypsinogen, Sudan stain of stool	CA 19-9, CEA
pathology	interstitial fibrosis, acinar atrophy, dilated ducts	tissue necrosis, fat necrosis and soaponification, vascular damage and hemorrhage, acute inflammation - interstitial v. necrotizing	interstitial fibrosis, acinar atrophy, ducts not dilated - 90% loss for steatorrhea	adenocarcinoma, more likely in head
treatment	supportive	NPO, IV fluids, pain meds	treat symptoms	poor prognosis
complications		cytokines: shock, ARDS, renal failure, pseudocyst, obstruction	pseudocyst, duct obstruction, malabsorption	new cancer: IPMT