

Gallbladder hypokinesia in patients with functional dyspepsia

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Abstract

AIM: Gallbladder and gastric emptying in response to a liquid meal as studied in 91 patients with functional dyspepsia (FD) and 30 normal subjects in order to know whether these patients present any alternation of gallbladder emptying and whether cisapride can improve the emptying.

METHODS: Serial real time ultrasonography scans were made before meal and every 20 (first hour) or 30 (second hour) min after meal for 2 h. Cisapride was to treat the patients with hypokinetic gallbladder emptying for 1-2 wk.

RESULTS: (1) Gallbladder ejection fractions (GBEF) of GD patients were much lower than that of normal subjects. The GBEF max

was $64.8\% \pm 18.2\%$ in FD group and $77.7\% \pm 16.1\%$ in normal group ($P < 0.001$). 30 patients (33.0%) were considered to have hypokinetic gallbladder emptying, as their GBEF 60' AND GBEF max were 2SD above those of the normal subject group. (2) 25 patients with delayed gastric emptying 11 patients (44.0%) also showed hypokinetic gallbladder emptying. The GBEF_{max} in patients with delayed gastric emptying was slight lower than in patients without it, but there was no statistical difference between the 2 groups. (3) The gallbladder emptying was improved in 33 of 30 patients with hypokinetic gallbladder emptying, treated with cisapride. GBEF_{max} increased from $49.2\% \pm 19.4\%$ to $63.3\% \pm 12.4\%$ ($P < 0.01$). After treatment with cisapride, the symptoms of the patients were relieved. There were no statistical correlations between gallbladder and gastric emptying.

CONCLUSION: About one third patients with functional dyspepsia were found with hypokinetic gallbladder emptying, which may be one of the reasons of dyspepsia. It is effective and safe to treat these patients with cisapride.

Key words: Gallbladder hypokinesia; Functional dyspepsia

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