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Biliary atresia is a rare form of bile duct blockage that occurs in some infants two weeks to six weeks after birth, a time when the bile ducts have not completed their development normally. The chronic conditions of primary sclerosing cholangitis, primary biliary cirrhosis and biliary atresia can result in

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inflammation and scarring of the liver, a condition known as cirrhosis.

~~Bile Duct Diseases Guide: Causes, Symptoms and Treatment ...~~

From the liver, where bile is made in the liver cells, next it flows into a system of ducts located inside and outside of the liver, these ducts function to collect the bile, once collected, the bile travels to the right and left hepatic ducts.; From the right and left hepatic ducts, bile then flows into the common hepatic duct. The common hepatic duct joins the cystic duct and the bile flows ...

~~The Biliary System: Anatomy, Function, Common Conditions~~

The health conditions most likely to involve the bile ducts are biliary atresia, a congenital anomaly in which the bile ducts form incompletely or not at all, and ductal occlusion resulting from cholelithiasis, in which gallstones escape from the gallbladder and lodge in a bile duct, blocking the flow of bile and causing pain. C cancer of the bile ducts, called cholangiocarcinoma, occurs though is rare.

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When the liver cells secrete bile, it is collected by a system of ducts that flow from the liver through the right and left hepatic ducts. These ducts ultimately drain into the common hepatic duct. The common hepatic duct then joins with the cystic duct from the gallbladder to form the common bile duct.

~~Biliary System Anatomy and Functions | Johns Hopkins Medicine~~

Although many people with gallbladder and bile duct cancers have jaundice, the most common causes of jaundice are hepatitis and cirrhosis, not cancer. Having a gallstone lodged in the bile duct can also cause jaundice; it can prevent bile from flowing into the small intestine. This is a noncancerous condition.

Diagnosis

~~Gallbladder and bile duct cancer Guide: Causes, Symptoms ...~~

Bile duct cancer symptoms usually don't show until the cancer has grown large enough to block the bile ducts. Bile ducts are small but long tubes that carry bile (fluid produced by the liver) from...

The treatment of bile duct benign pathology demands a multidisciplinary approach, involving a team of both specialised physicians and solid infrastructure. Radiologists, endoscopists, and surgeons are all involved in the treatment of these kinds of patients. This statement is also true for the diagnosis and treatment of the catastrophic results of bile duct injury. Cholecystectomy is one of the most common surgical procedures done either openly or through laparoscopy. The presence of bile duct injury is one of its most severe complications. The solution for this unfortunate event poses a technically demanding approach that involves an array of alternatives comprising surgical and radio-interventional procedures. This book focuses on benign bile duct diseases, mainly related to iatrogenic bile duct injury. The reader will find a complete and profound review of bile duct anatomy and function, a thorough explanation about the type of bile duct injuries and how to approach them, beautiful descriptions of both the surgical and radiological techniques used in the management of bile duct injuries, a compilation of the experience of a high-yield centre of this kind of diseases, and logical techniques to lower the incidence of these injuries. This text is aimed at an audience composed of health care professionals involved in the integrative treatment of iatrogenic bile duct injuries. In a world where the best medical evidence defines

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the most effective therapeutic alternative, this book focuses on giving a solid and broad enough basis upon which medical teams can approach this disease.

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Shortly after Langenbuch performed the first cholecystectomy in 1877 in Berlin, the first bile duct injury associated to cholecystectomy occurred and was published. For decades frequency maintained low, until the presentation of laparoscopic cholecystectomy, when the number of cases complicated with bile duct injury doubled. Nowadays, it is estimated that this injury occurs in up to every three to six cholecystectomies. In 2019, despite the great efforts, educational programs, simulators and learning curves, injuries continue to happen. In some way, it represents a great emotional burden both for the surgeon and the patient. This text compiles a wide revision of this problem. In the United States, it represents a health issue due to the costs it carries. In Mexico, where the information published by the authors is gathered, there are no official statistics of the problem. The different chapters of the book deeply explore anatomical and physiological aspects of the bile duct, the etiology of the lesions and the mechanisms or tools to approach the patient, as the multidisciplinary outcomes of the injury. This book is addressed to all health professionals, especially surgeons, who are involved in these complex cases directly or not. We intend to approach, in a wide and profound manner, all the situations related to the management of these lesions.

This issue of Surgical Clinics of North America focuses on Diseases of the Biliary Tract, and is edited by Dr. J Bart Rose. Articles will include: Anatomy, Embryology, and Imaging of the Biliary Tract; Cholangitis: Causes, Diagnosis, and Management; Autoimmune Diseases of the Biliary Tract; Biliary Dyskinesia; Gallstone Disease: Cholecystitis, Mirizzi's Syndrome, Bouveret Syndrome, Gallstone Ileus; Technical Aspects of Cholecystectomy; Technical Aspects of Bile Duct Evaluation and Exploration; Iatrogenic Biliary Injuries: Identification, Classification, and Management; Premalignant lesions: IPNB, Choledochal Cysts, and Biliary Cystadenomas; Gallbladder Cancer; Ampullary Cancer; Endoscopic Management of Biliary Disorders: Diagnostic and Therapeutic; Role of Transplant in Biliary Disease; Bile Metabolism and Lithogenesis; Cholangiocarcinoma: Intra and Extrahepatic; and more!

The liver is a vital organ involved in numerous metabolic processes such as cholesterol and bile acid metabolism, biliary lipid secretion, and bile formation. Cholesterol balance across the liver has a crucial effect on influencing plasma total and LDL cholesterol levels and biliary cholesterol concentrations. Cholesterol and bile acid biosyntheses are primarily modulated by negative feedback regulatory mechanisms through the sterol regulatory element-binding protein isoform 2 (SREBP-2) and the farnesoid X receptor (FXR) pathways, respectively. The conversion of cholesterol to bile acids in the liver can balance the fecal excretion of bile acids, which is an important route for the removal of cholesterol from the body. Bile formation begins in the bile canaliculi, and maintenance of the enterohepatic circulation of bile acids results in a continuous secretion of bile. Hepatic secretion of biliary lipids is determined mainly by a group of ATP-binding cassette (ABC) transporters that are located on the canalicular membrane of hepatocytes, which are regulated by various nuclear receptors. Bile acids promote bile flow by their osmotic effects. Also, they are essential for the intestinal absorption of cholesterol, fatty acids, and fat-soluble vitamins and play an important role in aiding the digestion of dietary fat. Bile acids function as signaling molecules and anti-inflammatory agents to regulate lipid, glucose, and energy metabolism by rapidly activating nuclear receptors and cell signaling pathways. This eBook summarizes the progress in the molecular and cellular mechanisms of cholesterol

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and bile acid metabolism and the physical-chemistry of biliary lipids, with emphasis on biliary lipid metabolism that is regulated by nuclear receptors in the hepatobiliary system.

This open access book deals with imaging of the abdomen and pelvis, an area that has seen considerable advances over the past several years, driven by clinical as well as technological developments. The respective chapters, written by internationally respected experts in their fields, focus on imaging diagnosis and interventional therapies in abdominal and pelvic disease; they cover all relevant imaging modalities, including magnetic resonance imaging, computed tomography, and positron emission tomography. As such, the book offers a comprehensive review of the state of the art in imaging of the abdomen and pelvis. It will be of interest to general radiologists, radiology residents, interventional radiologists, and clinicians from other specialties who want to update their knowledge in this area.

Longmire, called it a "hostile" organ because it welcomes malignant cells and sepsis so warmly, bleeds so copiously, and is often the first organ to be injured in blunt abdominal trauma. To balance these negative factors, the liver has two great attributes: its ability to regenerate after massive loss of substance, and its ability, in many cases, to forgive insult. This book covers a wide spectrum of topics including, history of liver surgery, surgical anatomy of the liver, techniques of liver resection, benign and malignant liver tumors, portal hypertension, and liver trauma. Some important topics were covered in more than one chapter like liver trauma, portal hypertension and pediatric liver tumors.

This superb book is the first sonography text to take an anatomical approach to sonographic applications. Each part of the body receives a chapter of its own, covering its prenatal development, location and size, physiology, gross anatomy, sonographic appearance, normal state, and normal variants as well as common diagnostic tests, laboratory values, measurements, vasculature, and affecting chemicals. The companion EXERCISES IN ULTRASONOGRAPHY uses hands-on activities to reinforce concepts presented in the parent text.

This beautifully illustrated monograph provides an up-to-date and comprehensive overview about all fields of liver and biliary tract surgery and liver transplantation. It consists of four sections with 48 chapters: Section I: Anatomy, physiology, imaging and general principles, Section II: Biliary tract surgery, Section III: Liver surgery and Section IV: Liver transplantation. The book includes more than 500 figures and illustrations mostly in color. Some of the topics such as computer assisted surgery planning are treated comprehensively for the first time. The book is written in a concise and well conceived way.

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