Correlation Of Gallstone Disease With Iron-Deficiency Anaemia: A Prospective Study
S Sahu, R Jain, A Prakash, D Bahl, P Sachan

INTRODUCTION
Gallstone disease is a common clinical entity affecting the adult population of both sexes. The earliest known gallstones date back to the 21st Egyptian dynasty discovered in the mummy of a priestess of Amenen (1085-945 BC). Gallstones are classified into either pure cholesterol stones, black or brown pigmented stones or mixed stones. Conditions that favor the formation of cholesterol gallstones are super-saturation of bile with cholesterol, kinetically favorable nucleation and the presence of cholesterol crystals in the gall bladder long enough to agglomerate into a stone. Recent studies have defined the role of trace elements (Fe, Ca, Zn, and Cu) and defective pH in the formation of gallstones.

AIM AND OBJECTIVE
The aim of the study was to correlate iron deficiency anemia with gallstone disease.

MATERIAL AND METHODS
The prospective study was conducted over a period of 12 months in the Department of Surgery and Department of Biochemistry, Himalayan Institute of Medical Sciences, Dehradun, India. The research committee of the institute approved the study protocol. One hundred patients suffering from cholelithiasis admitted in the surgical ward and confirmed by ultrasonography were included in the study irrespective of their age, sex and parity. Both laparoscopic and open cholecystectomies were the procedures advocated for treatment. Patients suffering from empyema and mucocoele of the gall bladder were excluded from this study. Serum iron, serum cholesterol and biliary cholesterol were estimated in all the patients.

RESULTS
The gallstone sufferers were divided into two groups based
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on the serum iron contents. Fifty-two percent of the patients fell in the non-anemic group (Group – A) while 48% fell in the anemic group (Group – B). (TABLE - 1)

**Figure 1**
Table 1: Serum Iron Contents In Groups A And B Gallstone Patients (n=100)

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Group</th>
<th>No. of patients</th>
<th>%</th>
<th>Serum Ferritin (ug/ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Range</td>
</tr>
<tr>
<td>1</td>
<td>A</td>
<td>52</td>
<td>52</td>
<td>40 - 150</td>
</tr>
<tr>
<td>2</td>
<td>B</td>
<td>48</td>
<td>48</td>
<td>5 - 40</td>
</tr>
</tbody>
</table>

The mean serum cholesterol value in Group A was 200.5 mg/dl and in Group B it was 202.3 mg/dl. (TABLE - 2)

**Figure 2**
Table 2: Serum cholesterol levels in group A and group B gallstone patients (n=100)

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Group</th>
<th>No. of patients</th>
<th>Serum cholesterol (mg/dl)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Range</td>
</tr>
<tr>
<td>1</td>
<td>A</td>
<td>52</td>
<td>140 - 264</td>
</tr>
<tr>
<td>2</td>
<td>B</td>
<td>48</td>
<td>115 - 290</td>
</tr>
</tbody>
</table>

The mean bile cholesterol level in Group A was found to be 214.6 mg/dl and in Group B it was 375.3 mg/dl. The difference in values in both the groups was found to be statistically extremely significant (p<0.0001), meaning thereby that the bile cholesterol of Group B patients was higher than that of Group A. (TABLE - 3), (FIGURE – 1)

**Figure 3**
Table 3: Comparision Of Serum Ferritin With Biliary Cholesterol In Group A And Group B Patients (n=100)

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Group</th>
<th>No. of patients</th>
<th>Serum Ferritin (ug/ml)</th>
<th>Biliary Cholesterol (mg/dl)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Range</td>
<td>Mean ± SD</td>
</tr>
<tr>
<td>1</td>
<td>A</td>
<td>52</td>
<td>40 - 150</td>
<td>131.6 ± 8.2</td>
</tr>
<tr>
<td>2</td>
<td>B</td>
<td>48</td>
<td>5 - 40</td>
<td>25.2 ± 7.17</td>
</tr>
</tbody>
</table>

**DISCUSSION**
Iron deficiency has been shown to alter the activity of several hepatic enzymes leading to increased gall bladder cholesterol saturation and promotion of cholesterol crystal formation. Iron acts as a coenzyme for nitric oxide synthetase (NOS) which synthesizes nitric oxide (NO) important for the maintenance of gall bladder tone and normal relaxation. Alteration of motility of the gallbladder and sphincter of Oddi leading to biliary stasis resulting in cholesterol crystal formation has been reported with iron deficiency.

The present study shows that the gall bladder bile cholesterol level was significantly higher in the anemic individuals, as compared to that of the non-anemic patients. Further, no significant variation in the serum cholesterol values was detected between the anemic group and the non-anemic group.

This study suggests that iron deficiency anemia is playing a significant role in the super- saturation of gallbladder bile with cholesterol and may act as an independent factor in formation of cholesterol gallstones. Defective hepatic cholesterol metabolism and stasis of bile because of decreased motility of the gall bladder can lead to more precipitation of cholesterol and hence formation of stone.

**CONCLUSION**
Low serum iron level is a factor in the bile super-saturation with respect to cholesterol leading to gallstone formation.

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