Analysis of Serum Lipid Profile in Cholelithiasis Patients

Batajoo H,1 Hazra NK1

¹Department of Surgery, Manipal Teaching Hospital, Phulbari, Pokhara

ABSTRACT

Background: Gallstone diseases being common disorder, multiple studies have shown an association between gallstones and abnormal lipids. This study is to compare the serum lipid abnormalities in females who have cholelithiasis with controls.

Methods: A retrospective study of females who underwent cholecystectomy for gallstone disease was carried out. A total of 133 patients were divided into two age groups \leq 40 and >40 years. In age group \leq 40 years, there were 72 cases with no controls, whereas, in >40 years, 61 cases were compared with 67 controls. The serum lipid profile were collected and compared according to the age groups. The groups were compared by using Student's t-test, p<0.05 was considered statistically significant.

Results: In age group >40 years serum LDL of gallstone patients were statistically significantly raised (P<0.05) (95% CI -22.077; -850) compared with controls and serum total cholesterol and triglycerides were not statistically significantly high (P >0.05). Serum HDL and VLDL were lower in gallstone patients but not statistically significant (P >0.05) compared to control group.

Conclusions: The study showed that serum LDL level was statistically significant in females >40 years of age, whereas other parameters were not statistically significantly different.

Keywords: cholecystectomy; gallstone disease; serum lipid profile.

INTRODUCTION

Gallstone disease is one of the most common gastrointestinal disorders, prevalent in about 10-15% of adults in the developed countries.¹ Most of the patients with this disease are asymptomatic.² The role of serum lipids in the aetiology of cholelithiasis is very important and in cholesterol gallstones serum lipids are altered which is suggestive of metabolic syndrome.

It is now widely accepted that the primary event in the pathogenesis of cholesterol gallstones is an altered lipid metabolism because of which there is a relative increase in the cholesterol levels compared to other lipids secreted by the liver into the bile.³ Cholesterol is water insoluble lipid, and is taken in mixed micelles and vesicles. Micelles are aggregates of phospholipids, bile salts, and cholesterol, and vesicles are closed spherical bi-layers of phospholipids with associated cholesterol. There are three stages of gallstone formation, super saturation, nucleation and aggregation.⁴ Evidence from over 30 years ago showed that over half of patients with gallstones would have a lipid disorder.⁵ This would increase their risk of developing coronary heart disease and stroke.⁶⁻¹²

The aim of the study is to compare the lipid abnormalities in female patients with gall stone over 40 years with controls.

METHODS

A retrospective study was done on females who underwent cholecystectomy for cholelithiasis from

Correspondence: Dr. Hemanta Batajoo, Manipal Teaching Hospital, Phulbari, Pokhara, Nepal. Email: batajoohemant@hotmail.com, Phone: 9856033801.

January 2010 to December 2011. Written informed consent was taken from the entire participant. Total of 133 gall stone patients were divided into two groups, i.e. \leq 40 and >40 years. In the age group <40 years there were 72 patients with no similar age group to compare. In the age group >40 years, serum lipid profile of 61 cases was compared with 67 controls of similar age without gallstone and other medical diseases.

The total lipid profile included total cholesterol, triglycerides (TG), low-density lipoproteins (LDL), high density lipoproteins (HDL), and very low density lipoproteins (VLDL) of the patients as well as control group. The fasting serum lipid profile sample was collected along with the preoperative investigations. Total lipid profile was determined by enzymatic colorimetric test. All the chemicals and reagent were supplied by Human Gesellshaft für Biochemica und Diagnostica mbH, Germany.

Results were expressed as mean \pm SD. Student's t-test was used to compare the data between cases and control groups, p<0.05 was considered statistically significant.

RESULTS

In the age group >40 years, the mean age was 51.81 and 47.78 years in the case and control respectively. The comparison of total serum lipid profile in the age group >40 years showed that the mean serum levels of total cholesterol and were triglycerides high but not statistically significant (P>0.05) between the two groups, however LDL level showed statistically significantly difference (P<0.05). The serum HDL, VLDL level in a gall stone patients was observed to be lower than the control which was not statistically significant (P>0.05) (Table 1). The mean total cholesterol, triglycerides, LDL, HDL, and VLDL of patients of age \leq 40 years (Table 2).

Table 1. Comparison of age group between the case					
and control >40 years.					
	Case	Control	Р	95% CI	
	(61)	(67)	value		
	Mean	Mean			
	(SD)	(SD)			
Total	189.33	178.57	0.054	-21.719;	
cholesterol	(34.037)	(28.566)		.198	
Triglyceride	130.39	125.19	0.518	-21.081;	
	(48.538)	(42.241)		10.683	
LDL	113.51	102.04	0.034	-22.077;	
	(32.717)	(27.934)		850	
HDL	42.20	43.06	0.096	156; 1.882	
	(3.390)	(2.392)			
VLDL	26.77	29.82	0.082	397; 6.498	
	(8.939)	(10.600)			

Table 2. The serum lipid profile in age group < 40 years (n=72).					
Lipid profiles	Mean	Std. Deviation			
Total Cholesterol	153.92	22.482			
Triglycerides	89.97	24.103			
LDL	97.65	25.302			
HDL	41.92	3.397			
VLDL	24.36	5.827			

DISCUSSION

Gall stone disease is one of the most common and most expensive conditions to treat of all digestive disorders requiring admission to hospital.¹³ Of all gallstones found during cholecystectomy, cholesterol gallstones account for 80-90%.¹⁴ Cholesterol gallstones are primarily made up of cholesterol crystals (70%) which are held together in an organic matrix of glycoproteins, calcium salts, and bile pigments. They could be present either singly or multiply, in various sizes, shapes and surfaces.¹⁵

The mean serum total cholesterol, serum triglycerides was high in gall stone patient but not significant, compared to control group. Similarly one of the case-control studies reported lower concentrations for total cholesterol in gallstone patients than in control subjects in both genders separately.¹⁶

In the study, LDL cholesterol was significantly high in the case than the control group. Some study found a positive association between gallstone disease and increased levels of serum triglycerides, LDL cholesterol and decreased HDL cholesterol.¹⁷ Some investigators reported a positive association between gallstone and serum triglycerides levels,⁵ whereas, others found no such association.^{18,19} In the study, the mean serum HDL and VLDL of the case group were lower than the control group. Chen et al, also found a positive association between gallstone disease and decreased HDL cholesterol levels.²⁰

The etiology of cholesterol gallstones is considered to be multifactorial, with interaction of genetic and environmental factors.²¹ The major risk factors for cholesterol gallstone disease are age, female gender and parity.²² The comparison between the two age groups with gallstone was done in which the total serum lipid profile among the age group >40 years are higher than the age group ≤40 years in gallstone patients. The risk of cholesterol gallstone disease increases with age, obesity, type 2 diabetes, dyslipidemia, hyperinsulinemia, and sedentary lifestyle, similar to atherosclerosis.^{23,24}

CONCLUSIONS

The present study demonstrates that the serum LDL level was found to be statistically significantly high in females >40 years of age (p=0.034) (95% CI -22.077; -850). There were no statistically significant differences in other parameters. Considering the major role of LDL in coronary artery disease, it would be prudent to screen all patients with cholelithiasis for dyslipidemia. This might help in instituting primary preventive measures.

REFERENCES

- Everhart JE, Khare M, Hill M, Maurer KR. Prevalence and ethnic differences in gallbladder disease in the United States. Gastroenterol. 1999;117:632-9.
- James HG, Kenneth RM, Scott LF. Current diagnosis and treatment in gastroenterology. Int ed. Connecticut: Appleton and Lange; 1996. p. 668-78.
- Apstein MD, Carey MC. Pathogenesis of cholesterol gallstones: A parsimonious hypothesis. Eur J Clin Invest. 1996;26:343-52.
- Channa NA. Gallstone disease: a review. Pak Arm Forces Med J. 2008;58:197-208.
- Bell GD, Lewis B, Petrie A, Dowling RH. Serum lipids in cholelithiasis: effect of chenodeoxycholic acid therapy. Br Med J. 1973;3:520-3.
- Johansson S, Wilhelmsen L, Lappas G, Rosengren A. High lipid levels and coronary disease in women in Goteborg--outcome and secular trends: a prospective 19 year follow-up in the BEDA* study. Eur Heart J. 2003;24:704-16.
- Singh BK, Mehta JL. Management of dyslipidemia in the primary prevention of coronary heart disease. Curr Opin Cardiol. 2002;17:503-11.
- Hachinski V, Graffagnino C, Beaudry M, Bernier G, Buck C, Donner A, Spence JD, et al. Lipids and stroke: a paradox resolved. Arch Neurol. 1996;53:303-8.
- Jacobson TA, Miller M, Schaefer EJ. Hypertriglyceridemia and cardiovascular risk reduction. Clin Ther. 2007;29:763-7.
- Ford I, Murray H, Packard CJ, Shepherd J, Macfarlane PW, Cobbe SM. Long-term follow-up of the West of Scotland Coronary

Prevention Study. N Engl J Med. 2007;357:1477-86.

- Cullen P. Evidence that triglycerides are an independent coronary heart disease risk factor. Am J Cardiol. 2000;86:943-9.
- Mazza A, Tikhonoff V, Schiavon L, Casiglia E. Triglycerides + highdensity-lipoprotein-cholesterol dyslipidaemia, a coronary risk factor in elderly women: the Cardiovascular Study in the Elderly. Intern Med J. 2005;35:604-10.
- Sandler RS, Everhart JE, Donowitz M, et al. The burden of selected digestive diseases in the United States. Gastroenterol. 2002;122:1500-11.
- Diehl AK. Epidemiology and natural history of gallstone disease. Gastroenterol Clin North Am. 1991;20:1-19.
- Portincasa P, Moschetta A, Palasciano G. Cholesterol gallstone disease. Lancet. 2006;368(9531):230-9.
- Scragg RK, Calvert GD, Oliver JR. Plasma lipids and insulin in gall stone disease: a case-control study. Br Med J (Clin Res Ed). 1984 Sep 1;289(6444):521-5.
- Chapma BA, Wilson IR, Frampton CM. Prevalence of gallbladder disease in diabetes mellitus. Dig Dis Sci. 1996;41(11):2222-8.
- Olokoba AB, Bojuwoye BJ, Katibi IA, et al. Relationship between gallstone disease and serum lipids in normal adult Nigerians. Afr Scientist. 2006;7(3):113-6.
- Aulakh R, Mohan H, Attri AK, Kaur J, Punia RPS. A comparative study of serum lipid profile and gallstone disease. Indian J Pathol Microbiol. 2007;50(2):308-12.
- Chen CY, Lu CL, Lee PC, et al. The risk factors for gall stone disease among senior citizens: An oriental study. Hepato-Gastroenterol. 1999;46(27):1067-612.
- Amigo L, Zanlungo S, Mendoza H, Miquel JF, Nervi F. Risk factors and pathogenesis of cholesterol gallstones: state of the art (Editorial). Eur Rev Med Pharmacol Sci. 1999;3(6):241-6.
- Heaton KW, Braddon FE, Mountford RA, Hughes AO, Emmett PM. Symptomatic and silent gall stones in the community. Gut. 1991;32:316-20.
- Shaffer EA. Epidemiology and risk factors for gallstone disease: has the paradigm changed in the 21st century? Curr Gastroenterol Rep. 2005;7:132-40.
- Cuevas A, Miquel JF, Reyes MS, Zanlungo S, Nervi F. Diet as a risk factor for cholesterol gallstone disease. J Am Coll Nutr. 2004;23:187-96.