

**INSTRUMENTAL DIAGNOSTIC CRITERIA FOR CHRONIC CHOLECYSTITIS AND
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Annotation: The study focuses on the instrumental diagnostic criteria for chronic cholecystitis (CC) and chronic pancreatitis (CP), which are prevalent inflammatory disorders of the biliary and pancreatic systems. These conditions often lead to prolonged pain, digestive dysfunction, and serious complications if not diagnosed and managed timely. Accurate and early diagnosis is essential for effective treatment and preventing disease progression. This research analyzes modern instrumental diagnostic methods, including ultrasonography (US), endoscopic ultrasonography (EUS), computed tomography (CT), magnetic resonance imaging (MRI) with cholangiopancreatography (MRCP), and functional tests. The study highlights the key imaging features of CC, such as gallbladder wall thickening, gallstones, biliary sludge, and impaired contractility, as well as CP characteristics, including pancreatic ductal irregularities, parenchymal calcifications, atrophy, fibrosis, and cystic transformations. The integration of multiple instrumental methods improves diagnostic accuracy, reduces the need for invasive procedures, and supports personalized patient management. The study emphasizes the need for standardized diagnostic algorithms and further research to enhance the sensitivity and specificity of imaging criteria, correlating them with clinical and biochemical markers.

Keywords: chronic cholecystitis, chronic pancreatitis, ultrasonography, CT, MRI, MRCP, diagnostic

Abstract: Chronic cholecystitis (CC) and chronic pancreatitis (CP) are common inflammatory disorders of the biliary and pancreatic systems, often leading to significant morbidity due to persistent pain, digestive dysfunction, and complications such as biliary obstruction or pancreatic insufficiency. Early and accurate diagnosis is critical for effective management and prevention of disease progression. Instrumental diagnostic methods, including ultrasonography (US), endoscopic ultrasonography (EUS), computed tomography (CT), magnetic resonance imaging (MRI) with cholangiopancreatography (MRCP), and functional tests, play a pivotal role in detecting morphological and functional changes associated with these chronic conditions. In chronic cholecystitis, key imaging criteria include gallbladder wall thickening, presence of gallstones or biliary sludge, pericholecystic fluid, and impaired contractility on functional studies. Chronic pancreatitis is characterized instrumentally by pancreatic ductal irregularities, parenchymal calcifications, atrophy, fibrosis, and cystic transformations. Modern imaging modalities enable non-invasive evaluation, providing essential information for differential diagnosis, disease staging, and therapeutic planning. The integration of multiple instrumental methods enhances diagnostic accuracy, reduces the need for invasive procedures, and supports personalized patient management strategies. Future research should focus on improving sensitivity and specificity of imaging criteria, correlating radiological findings with clinical and biochemical markers, and developing standardized diagnostic algorithms for CC and CP.

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