International Dairy Topics

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Bile duct obstruction

Extrahepatic cholestasis

Extrahepatic cholestasis occurs when bile flow is obstructed either by the formation of choleliths (bile or gall bladder stones) or by the exertion of pressure on the bile duct by hepatic abscesses or by inflammatory lesions in the bile duct.

The biliary tract is normally sterile and this is maintained by the continuous production and flow of bile. Partial or complete restriction of the flow of bile predisposes to an ascending infection of the bile duct by intestinal bacteria – this is known as cholangitis.

Bile changes

Cholangitis can significantly affect the composition and physical characteristics of the bile. Included here are situations such as the accumulation of the products of inflammation and the precipitation of bile constituents (bile acids and cholesterol) and even the formation of stones or choleliths. This latter process can further impede bile flow.

Clinical signs and laboratory findings

The clinical signs that could make one suspicious of extrahepatic bile duct obstruction include fever, colic, malaise and icterus (jaundice) with orange coloured urine. In some instances a photodermatitis occurs as a consequence of phylloerythrin retention.

Laboratory findings include leucocytosis, hyperbilirubinaemia, bilirubinaemia and elevations in the serum activities of SDH, AST, AP and GGT enzymes.

Clinical syndrome of unknown aetiology

A clinical syndrome of unknown aetiology has been seen that is similar in its manifestation to the above, except that there is no evidence of extrahepatic cholestasis. Force feeding for three days, accompanied by penicillin for a month or so, will give a gradual improvement in clinical signs.