the right supraclavicular region, scapula, and right shoulder. Acute cholecystitis is accompanied by frequent vomiting mixed with bile, retention of stool and gases, and an increase in body temperature to 38-39 degrees. Upon examination, the patient's face is hyperemic, with complications it is pale with pointed features, the tongue is covered with a gray coating, the abdomen is swollen, does not participate in the act of breathing, and when the abdominal muscles are tense, the pain intensifies. Palpation of the abdomen reveals tension in the abdominal wall muscles, pain in the right hypochondrium, and positive Murphy, Kerr, Ortner, Mussi, and Shchetkin-Blumberg symptoms.

Leukocytosis, a shift of the formula to the left, and an increased ESR are detected in the blood. A general urine test determines protein, leukocytes, casts, and a decrease in the amount of urine. There is an increase in bilirubin in the blood, changes in the protein fractions of the blood serum, an increase in C-reactive protein, and an increase in amylase.

When complicated by obstructive jaundice, the patient experiences yellowness of the skin and sclera, dark urine and discolored feces. With hepatitis, there will definitely be an enlargement of the liver and pain on palpation. With cholangitis, there is an enlarged liver, yellowness of the skin and mucous membranes.

To confirm the diagnosis, X-ray examination, ultrasound and duodenal examination are performed.

Treatment can be conservative and surgical. In an uncomplicated form, acute cholecystitis is treated conservatively in the surgical department. The patient is prescribed bed rest. The position in bed should be with the head end of the functional bed elevated. In the first days, cold application to the right hypochondrium and parenteral nutrition are recommended. In case of indomitable vomiting, it is necessary to perform gastric lavage. Treatment uses antibiotic therapy, detoxification and desensitization therapy. Pain is relieved with the help of painkillers and antispasmodics.

Emergency surgical intervention is indicated for patients with a destructive and complicated form of cholecystitis: laparotomy or laparoscopic cholecystectomy.