

1. Aetiology	
<ul style="list-style-type: none"> • Infections <ul style="list-style-type: none"> – bacteria – mycoses – parasites – viruses • Obstruction <ul style="list-style-type: none"> – benign stenoses (stenosis of the papilla of Vater, Mirizzi's syndrome, postoperative strictures, chronic pancreatitis, juxtapapillary diverticula, <i>etc.</i>) – malignant stenoses (histiocytosis X, Hodgkin's disease, CCC, <i>etc.</i>) – blood clots – mycoses – gallstones – oriental cholangiohepatitis – parasites – portal biliopathy – suture material, clips, sponges – highly viscous mucus (e.g. mucoviscidosis) • Immunological causes <ul style="list-style-type: none"> – primary biliary cholangitis – primary sclerosing cholangitis – autoimmune cholangitis – graft-versus-host disease – rejection reaction – sarcoidosis – pharmacons • Toxic causes <ul style="list-style-type: none"> – burn injury – cytostatics – pharmacons • Caroli's disease 	
2. Clinical forms	
<ul style="list-style-type: none"> • acute • chronic • relapsing 	<ul style="list-style-type: none"> • non-suppurative • suppurative
	<ul style="list-style-type: none"> ▶ asymptomatic ▶ symptomatic
3. Pathogenesis	
<ul style="list-style-type: none"> • primary development <ul style="list-style-type: none"> – genetic/congenital – immunological – toxic • secondary development <ul style="list-style-type: none"> – ascending – descending – periductular lymphogenic – septicaemic via hepatic artery 	