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Percutaneous cholecystostomy for acute calculous cholecystitis an observational study from a single institute

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Introduction:

Although percutaneous cholecystostomy (PC) is generally accepted as a bridge to definitive therapy for acute cholecystitis (AssC), which remains cholecystectomy, some patients did not undergo cholecystectomy mainly due to contraindications to surgery. Here, we aimed to audit our clinical practice from a single institute.

Materials & Methods:

One hundred fifty-three patients who presented with AC and were initially managed with PC were included. The proportion of patients who did not undergo subsequent LC and their characteristics were analysed.

Results:

27% (41/153) of the study cohort underwent LC, while the remaining patients (n=112) did not receive any surgical intervention. 22/122(20%) were presented with AC and coexisting hepatobiliary malignancy. The mean age of the remaining patients (n=90) was 75±13 years, and the median length of drain insertion of those patients was 40 days.

The majority (57%) was presented with severe AC, while 8% had AC with adjacent liver abscess. 55% of those patients did not develop any further attacks of AC after PC removal, while 25% were deemed unfit for surgery. The rest of the patients (20%) either refused the operation or died before LC. The American Society of Anaesthesiologists (ASA) score was 3 IV in 9% of patients (8/90).

15% (13/90) experienced post PC complications, including a blocked stent, pain, and cellulitis around the tube. The 60- day mortality rate of patients who did not undergo LC was 11% (10/90).

Conclusion:

Most AC patients treated initially with PC did not undergo subsequent LC. PC in high surgical risk patients with AC could be considered a definitive treatment.

References:

- 1-Han IW, Jang JY, Kang MJ, Lee KB, Lee SE, Kim SW. [Early versus delayed laparoscopic cholecystectomy after percutaneous transhepatic gallbladder drainage](#). J Hepatobiliary Pancreatic Sci. 2012; 19:187–93.
- 2- Choi JW, Park SH, Choi SY, Kim HS, Kim TH. [Comparison of the clinical results between early laparoscopic cholecystectomy and delayed laparoscopic cholecystectomy after percutaneous transhepatic gallbladder drainage for complicated acute cholecystitis](#). Korean J Hepatobiliary Pancreatic Surg. 2012; 16:147–53
- 3- Tanaka M, Komatsubara H, Noguchi D, Ichikawa K, Kouno M, Kondo A, et al. [Laparoscopic cholecystectomy after percutaneous transhepatic gallbladder drainage for acute cholecystitis](#). JJBA. 2016; 30:667–72 (in Japanese with English abstract).
- 4- Jung WH, Park DE. [Timing of cholecystectomy after percutaneous cholecystostomy for acute cholecystitis](#). Korean J Gastroenterol. 2015; 66:209–14.
- 5,6-Yokoe M, Takada T, Strasberg SM, Solomkin JS, Mayumi T, Gomi H, et al. [New diagnostic criteria and severity assessment of acute cholecystitis in revised Tokyo guidelines](#). J Hepatobiliary Pancreatic Sci. 2012; 19:578–85.
- 7- Fuks D, Mouly C, Robert B, Hajji H, Yzet T, Regimbeau J-M. [Acute cholecystitis: preoperative CT can help the surgeon consider converting from laparoscopic to open cholecystectomy](#). Radiology. 2012; 263:128–38.

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