

**BP OP 4-7****Cholecystectomy versus Conservative treatment in patients with acute cholecystitis over 80 years old after percutaneous transhepatic gallbladder drainage**

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Introduction : There are controversies to whether cholecystectomy should be performed after percutaneous transhepatic gallbladder drainage (PTGBD) in elderly patients with acute cholecystitis (AC).

Methods : 202 patients with AC over 80 years old without common bile duct stone (CBD) stones, who received PTGBD from January 2010 to December 2019 in a single center were retrospectively reviewed.

Results : 142 underwent elective laparoscopic cholecystectomy (ELC), and 60 underwent conservative treatment. Of 60 patients, 36 had PTGBD removed (PTGBD-R), and 24 maintained PTGBD (PTGBD-M). Postoperative major complication (POMC) rate in ELC group was 8.5%. Recurrence rate of biliary event after PTGBD removal in PTGBD-R group was 22.2%. PTGBD related problem rate after discharge in PTGBD-M group was 70.8%. Biliary event related mortality after index treatment were no significant differences (ELC 2.8% vs PTGBD-R 2.8% vs PTGBD-M 8.3%, $p=0.381$). In multivariate analysis, CACI ≥ 6 and BMI ≤ 19 were significant risk factor for POMC after ELC, and closed cystic duct was significant risk factor for recurrent biliary event after PTGBD removal.

Conclusions : ELC is recommended for patients with AC over 80 years old without CBD stones after PTGBD, due to the high recurrence rate of biliary event after PTGBD removal and difficulty of maintaining of PTGBD. Conservative treatment may be an alternative option in patients with high risk of postoperative major complication.

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