

HBP SURGERY WEEK 2021 **VIRTUAL** &ONSITE

MARCH 25-27, 2021 GRAND WALKERHILL HOTEL, SEOUL, KOREA www.khbps.org





BP PP 3-1

Optimal timing of subsequent laparoscopic cholecystectomy after percutaneous transhepatic gallbladder drainage according to the severity of acute cholecystitis

Seung Jae LEE, In Seok CHOI*, Ju Ik MOON

Surgery, Konyang university hospital, Korea

Introduction : Optimal timing of percutaneous transhepatic gallbladder drainage (PTGBD) and subsequent laparoscopic cholecystectomy (LC) according to the severity of acute cholecystitis (AC) is not established.

Methods : Total 739 patients with AC without common bile duct stone who underwent PTGBD and subsequent LC from January 2010 to December 2019 were retrospectively reviewed. We defined difficult surgery (DS; open conversion, subtotal cholecystectomy, adjacent organ injury, transfusion, operative time \geq 90 minutes, or estimated blood loss \geq 100 milliliters) and poor postoperative outcomes (PPO; postoperative hospital stays \geq 7 days, or postoperative complication \geq grade II). The receiver operating characteristic (ROC) analyses were performed for evaluating appropriate duration from onset of symptom to PTGBD (duration A) and from PTGBD to LC (duration B).

Results : Of the 739 patients, 458 were for grade I AC, and 281 were for grade II/III AC. In grade I AC, the cutoff value for the relationship between duration A and PIO was 4.5 days. The cut-off value for the relationship between duration B and PPO was 7.5 days. In multivariate analysis, duration $A \ge 5$ days and duration $B \ge 8$ days were statistically significant predictors for DS and PPO, respectively. In grade II/III AC, the cut-off value for the relationship between duration A and PPO was 2.5 days. In multivariate analysis, duration $A \le 2$ days was statistically significant predictor for PPO.

Conclusions : Optimal timing of PTGBD and LC is for duration from onset of symptom to PTGBD \leq 4days with duration from PTGBD to LC \leq 7days in grade I AC, and for duration from onset of symptom to PTGBD \geq 2days

Corresponding Author. : In Seok CHOI (choiins@kyuh.ac.kr)

Presenter : Seung Jae LEE (leesj54gs@gmail.com)