Early Laparoscopic Cholecystectomy Is the Appropriate Management for Acute Gangrenous Cholecystitis

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Background: Treatment of severe acute cholecystitis by laparoscopic cholecystectomy remains controversial because of technical difficulties and high rates of complications. We investigated whether early laparoscopic cholecystectomy is appropriate for acute gangrenous cholecystitis (GB empyema).

Patients and Methods: The medical records of 116 patients with acute gangrenous cholecystitis admitted to the Korea University Guro Hospital were reviewed retrospectively (2005.1.1~2009.12.31). Group 1, those patients who had cholecystectomy within 4 days were compared with group 2, those who had cholecystectomy after 4 days.

Results: Of the 116 patients, 57 were in group 1 and 59 were in group 2. Mean interval time from diagnosis to operation was 1.7 (group 1) and 14.6 (group 2) respectively. There were no statistical difference in group 1 versus group 2 in sex, age, BMI, ER visit history, operation methods (laparoscopic cholecystectomy, conversion, open cholecystectomy), and major complication, and symptom duration and mean operative time (98 vs 107 mins), postoperative hospital stay (5.3 vs 5.8 days) More patients were performed preoperative percutaneous cholecystostomy in group 2 (3.5% vs 15.3%).

Conclusion: Early laparoscopic cholecystectomy for acute gangrenous cholecystitis is safe and feasible. The timing of cholecystectomy seems to have no clinically relevant effect on local or systemic complications. There is no advantage to postpone the urgent operation in acute severe cholecystitis,