

Early Cholecystectomy in Acute Calculous Cholecystitis Still Burdened by Serious Surgical Complications

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ABSTRACT

Early cholecystectomy in acute setting should be carried out in patients with less than 72 hours duration of symptoms. Most agree that surgical treatment can be safely done even in longer duration of symptoms. Despite attractiveness of quickly rendering patients pain-free, avoidance of prolonged antibiotic treatment and recurrent hospitalizations for interval cholecystectomy, not all patients are eligible for immediate surgical treatment. In multiple morbid, old and frail patients, persistence in conservative treatment, possibly bridged with percutaneous gallbladder drainage, might reduce mortality and morbidity rates in this population. Nevertheless, early surgical treatment will continue to play a major role in acute presentation of gallbladder inflammation. Surgeons should be aware of potential problems in identification of biliary anatomy, being ready to convert to open surgery thus avoiding disastrous bile duct injuries. Low threshold for conversion or bailing out with subtotal cholecystectomy remain a legitimate and valid option. In our department review, retrograde analysis of patients operated for acute cholecystitis in the last four years was undertaken. The

results are presented with emphasis on surgical complications management and mortality.

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