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Validation of association cystic duct fibrosis and surgical difficulty in laparoscopic cholecystectomy

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Introduction : The level of surgical difficulty laparoscopic cholecystectomy might be predictable on the basis of factors including preoperative imaging and severity of cholecystitis. Tokyo Guidelines 2018 (TG 18) and Parkland grading scale are representative method in cholecystitis. In addition, we scored cystic duct fibrosis grade as 0 to 3. The purpose of this study is validation of association cystic duct fibrosis and surgical difficulty in laparoscopic cholecystectomy.

Methods : between July 2018 and November 2018, 165 cases of laparoscopic cholecystectomy were retrospectively reviewed in single center. Demographics, pre-operative laboratory data, operation time, complications, hospital stay and severity grade of cholecystitis were evaluated in the patients. In addition, we evaluated the association among TG 18, Parkland grading scale, and cystic fibrosis score.

Results : Cystic duct fibrosis score is associated with operative time ($p < 0.001$), pre-operative WBC ($p < 0.001$), operative platelet ($p < 0.037$), pre-operative total bilirubin ($p < 0.004$), pre-operative HS-CRP ($p < 0.001$), CVS time ($p < 0.004$), estimated blood loss ($p < 0.001$). Cystic duct fibrosis score is correlated with TG 18 and Parkland grading scale also ($p < 0.001$)

Conclusions : Cystic duct fibrosis score is able to be an indicator of severity of cholecystitis and predict the surgical difficulty and outcomes in laparoscopic cholecystectomy

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