

**P074**

## **Establishment of Optimal Treatment Process in Patient with Severe Acute Cholecystitis**

Youngju RYU<sup>1</sup>, Chang-Sup LIM<sup>2</sup>, Yong Chan SHIN<sup>3</sup>, Woohyun JUNG<sup>4</sup>, Jin Seok HEO<sup>1</sup>, Dong Wook CHOI<sup>1</sup>, In Woong HAN\*<sup>1</sup>

<sup>1</sup>*Division of hepatobiliary-Pancreatic surgery, Department of Surgery, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea*

<sup>2</sup>*Department of Surgery, Seoul Metropolitan Government - Seoul National University Boramae Medical Center, Korea*

<sup>3</sup>*Department of Surgery, Ilsan Paik Hospital, Inje University College of Medicine, Goyang, Korea*

<sup>4</sup>*Department of Surgery, Ajou University School of Medicine, Suwon, Korea*

**Introduction** : Cholecystectomy, including laparoscopic cholecystectomy, is standard treatment in acute cholecystitis. And Percutaneous transhepatic gallbladder drainage followed (PTGBD) is one treatment option for patients with moderate to severe acute cholecystitis. The purpose of this study is to compare the clinical outcome of upfront surgery between delayed surgery and establishment of optimal treatment process in patient with severe acute cholecystitis.

**Methods** : From 2014 to 2017, a total of 248 patients who underwent surgical resection with acute cholecystitis at Samsung Medical Center, Seoul National University Boramae Medical Center, Ilsan Paik Hospital, and Ajou University Hospital were analyzed retrospectively. The patients with grade II, III according to Tokyo Guideline 2013/2018 and underwent PTGBD insertion before surgery were included.

**Results** : Patients who underwent PTGBD before surgery were older, had more septic condition and more cardiac or cerebrovascular disease and bad performance status, which was defined ASA (American Society of Anesthesiologists Classification) score  $\geq 3$  and ECOG (Eastern Cooperative Oncology Group) score  $\geq 2$ , than patients who underwent upfront surgery. In postoperative outcomes, the PTGBD group had longer total hospital stay and received more ICU care than upfront surgery group. In multivariable analysis, having previous abdominal operation history, ASA score  $\geq 3$  and ECOG score  $\geq 2$  were independent risk factors that increased postoperative hospital stay.

**Conclusions** : PTGBD insertion in severe acute cholecystitis did not affect postoperative complications and duration of postoperative hospital stay. In future, multicenter randomized controlled trial study will be necessary for accurate analysis of the effect of PTGBD insertion in patients with severe acute cholecystitis.

Corresponding Author. : **In Woong HAN** ( cardioman76@gmail.com )