

LETTER TO THE EDITOR

Percutaneous cholecystostomy for acute cholecystitis: who should really benefit from this procedure?

We read with interest the retrospective study by Sanjay *et al.*¹ who evaluated the clinical outcome of a percutaneous cholecystostomy (PC) in a heterogeneous group of patients with acute calculous or acalculous cholecystitis (ACC, AAC). The indication for PC was unclear and their results are disappointing with a high rate of readmission (25%) and complications owing to an inadequate technique (30% trans-abdominal access) and a high rate of conversion (67%) during a laparoscopic cholecystectomy (LC).

As a result of its retrospective design, this study lacks important data such as the severity of the medical illness of the patients at admission. This is usually assessed using a dedicated scoring system (e.g. SAPS or SOFA score),² whereas the ASA score is more subjective and should not be used as a selection criteria for a cholecystectomy as even complicated cases can be operated laparoscopically.^{3,4}

Indeed, the 24% re-admission rate owing to recurrence of ACC in their series advocates an early cholecystectomy rather than a PC. Indeed, patients with AAC might have a 100% success rate after PC.² The authors did not explain their 20% readmission rate in this latter group; it may be because of recurrent symptoms, complications or other medical reasons.

It would have been of greater interest if the authors had provided a more detailed description of the patient outcome after PC for AAC and had clarified their results after LC to determine who would really benefit from PC.

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References

1. Sanjay P, Mittapalli D, Marioud A, White RD, Ram R, Alijani A. (2013) Clinical outcomes of a percutaneous cholecystostomy for acute cholecystitis: a multicentre analysis. *HPB* 15:511–516.
2. Melloul E, Denys A, Demartines N, Calmes JM, Schafer M. (2011) Percutaneous drainage versus emergency cholecystectomy for the treatment of acute cholecystitis in critically ill patients: does it matter? *World J Surg* 35:826–833.
3. Wiseman JT, Sharuk MN, Singla A, Cahan M, Litwin DE, Tseng JF *et al.* (2010) Surgical management of acute cholecystitis at a tertiary care center in the modern era. *Arch Surg* 145:439–444.
4. Gurusamy K, Samraj K, Gluud C, Wilson E, Davidson BR. (2010) Meta-analysis of randomized controlled trials on the safety and effectiveness of early versus delayed laparoscopic cholecystectomy for acute cholecystitis. *Br J Surg* 97:141–150.