MANAGEMENT OF GALLBLADDER PERFORATION: THE ROLE OF SURGERY AND INTERVENTIONAL RADIOLOGY

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Objectives: Gallbladder perforation is an infrequent complication of cholecystitis. Its incidence is 2-15%. While the number of the gallbladder perforations in consequence of the in increasing number and early performed laparoscopic cholecystectomies seems to decline internationally, we have unfortunately observed an opposite tendency. As the gallbladder perforation often develops in elderly patients in poor general condition we tried to find a less sustained way of treatment because of its life threatening behavior.

Methodology: We analyzed the patients retrospectively admitted with cholecystitis in the last 10 years. All patients having gallbladder perforation were categorized by the Niemeyer’s classification: Type I: acute free perforation: 13.04%, Type II: subacute pericholecystic abscess: 62.32%, Type III: chronic cholecystoenteric fistula: 24.64%. Patients having gallbladder perforation with intrahepatic abscess (Niemeyer Type II) were separately investigated.

Results: 736 patients were admitted because of cholecystitis, 228 of them urgently. The percentage of the gallbladder perforations was 25.9% in patient with acute cholecystitis. The patients in the Niemeyer II group were treated either with percutaneous ultrasound guided drainage (Group1, No=20) or with drainage by laparotomy (Group 2, No=23). Patients in Group 1 were elder as in Group 2 (male: 70,6/69,8 year and female: 70,3/50,9 year, p > 0,005). The hospitalization was shorter in Group I (15.8/17.7 days). After stabilization the patients’ condition in 29 cases was cholecystectomy performed: Group I: 9 (prolonged 1, elective 8, laparoscopy 2, open surgery 6, conversion 1), Group II: 20 (acute 11, prolonged 5, elective 4, conversion 6, open surgery 14).

Major complications: Group I: 0%, Group II: 8.7%. Mortality: Group I: 0%, Group II: 21.7%.

Discussion and Conclusions: Percutaneous drainage can be a bridge to surgery, allowing time for patients to recover from their poor condition. This allows us to avoid the increased morbidity and mortality often associated with emergency surgery.