

Background

- Cholecystectomy is the gold standard treatment for patients with acute cholecystitis.
- Patients who are high risk for complications from cholecystectomy can be offered percutaneous cholecystostomy (PC) tube placement.
- PC can be done to bridge high-risk patients for subsequent, elective cholecystectomy.
- PC can be continued indefinitely with intermittent fresh tube exchanges in patients who remain poor candidates for surgery.
- Gallbladder thermoablation is an emerging, minimally-invasive technique that may be beneficial to patients who are not surgical candidates at the time of acute cholecystitis presentation.

Objective

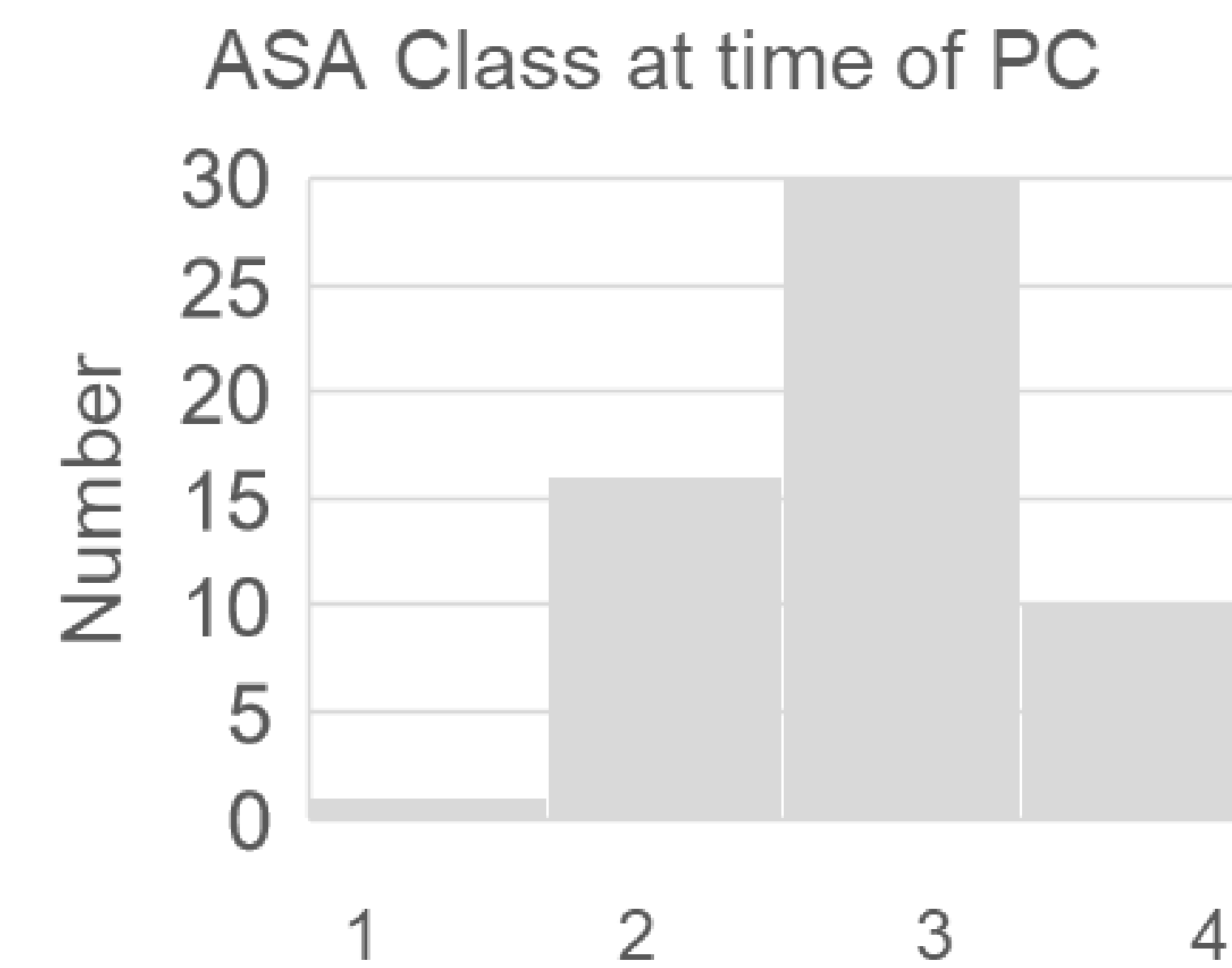
- The study aim was to characterize patients who received PC at a tertiary academic hospital to evaluate the potential population benefitting from gallbladder thermoablation.

Methods

- Retrospective query of electronic medical record for patients who had received a PC tube between 2002-2016, allowing for at least five years of potential follow up time.
- 129 patients were identified to have undergone PC at UC Davis. 122 patients had their initial tube placed by UC Davis.
- Manual chart review to evaluate characteristics of patient population who've received a PC tube, including demographics, radiation exposure, complications, and treatment course.

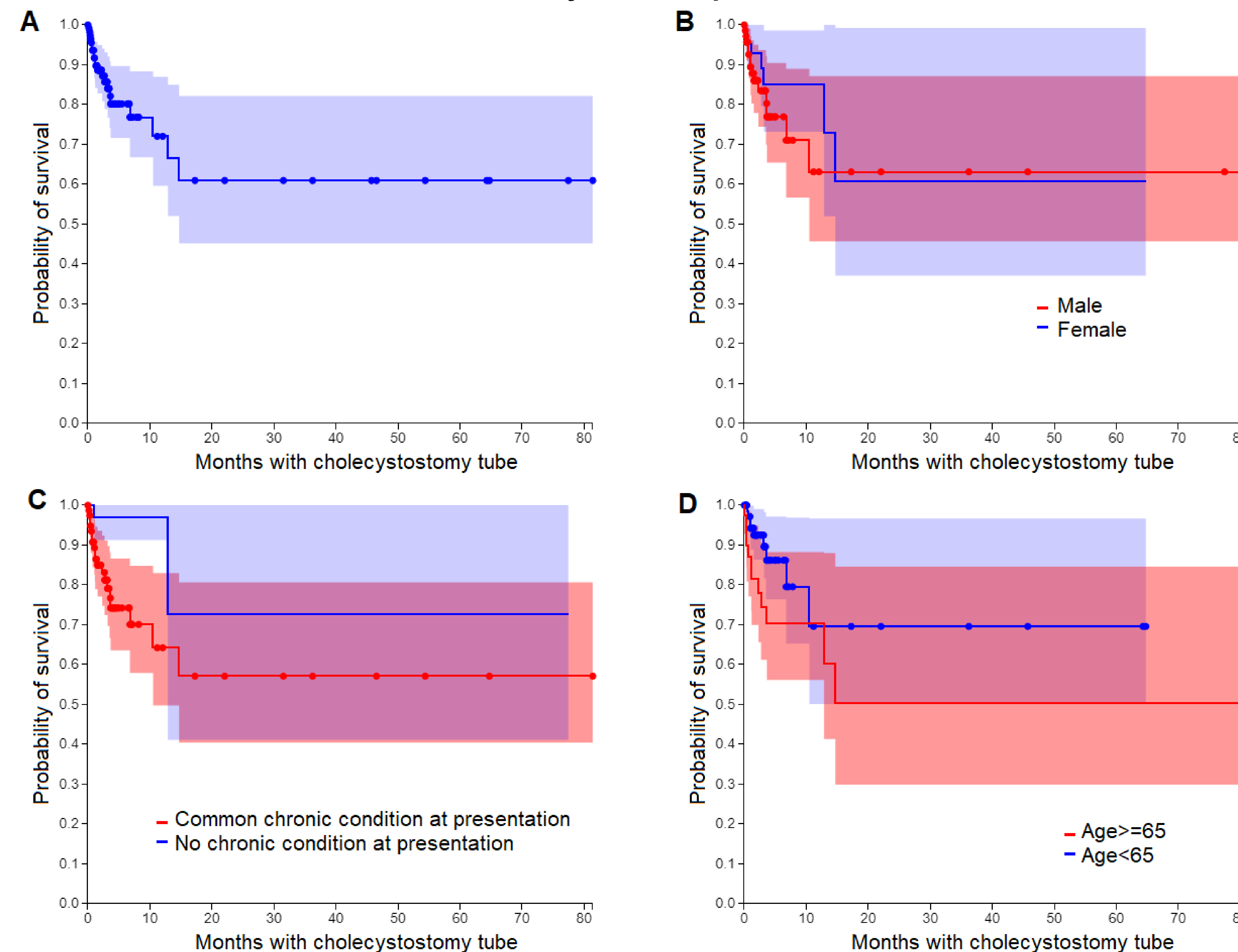
Results

Demographics at PC placement		
Age at PCT (yrs)		
Mean		58.67
Range		17-98
Weight (kg)		
Mean		82.5
Range		40.8-176.5
BMI (kg/m²)		
Mean		28.5
Range		16-62.9
M/F ratio		1.6



Days between PC and outcome		
	Mean	Median
Removal (n=54)	95	63
Cholecystectomy (n=41)	162	99
Death with tube in place (n=21)	202	36

Survivability after PC placement



Analysis

- The age of patients receiving PC was younger (average age <59) and with a wider range of distribution than expected.
- The most common comorbidities were hypertension, coronary disease, and diabetes.
- Most patients were ASA class 2 and 3 at the time of PC.
- Patients who had eventual cholecystectomy or tube removal lived with the tube in place for an average of three to six months.
- Of the patients who died with their PC tube in place (n=21), Kaplan-Meier curve analysis showed no differences in survival when comparing male and female, old and young, and those presenting with or without co-morbid conditions.

Conclusions/Further Study

- This exploratory chart review confirms that there are patients who have indefinite PC who could benefit from minimally invasive gallbladder thermoablation.
- Further study is needed to assess the quality of life of patients receiving indefinite PC treatment, potentially in relation to patients who are also candidates for cholecystectomy and/or gallbladder thermoablation.

References

