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Summary

CHOLECYSTECTOMY DECREASE THE INCIDENCE OF HEPATOBILIARY CANCERS AFTER ENDOSCOPIC CHOLEDOCHOLITIASIS MANAGEMENT

Chun-Che Lin

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Hepatobiliary

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A propensity-matched cohort study from Taiwan found that cholecystectomy after ERCP intervention for choledocholithiasis was associated with significantly lower incidence rates of cholangiocarcinoma and ampulla of Vater cancer compared to no cholecystectomy.

KEY POINTS

- The study included 13,330 propensity-matched patients in each group (cholecystectomy vs. no cholecystectomy) who underwent endoscopic sphincterotomy or endoscopic papillary balloon dilatation for choledocholithiasis or cholangitis in Taiwan between 2011 and 2017.
- Cholangiocarcinoma incidence was 1.19 per 1,000 person-years in the cholecystectomy group compared to 3.52 per 1,000 person-years in the no-cholecystectomy group ($P < 0.0001$).
- Ampulla of Vater cancer incidence was 0.3 per 1,000 person-years in the cholecystectomy group compared to 1.02 per 1,000 person-years in the no-cholecystectomy group ($P < 0.0001$).
- The authors conclude that cholecystectomy after ERCP intervention may reduce both recurrent biliary events and hepatobiliary cancer risk, contrasting with previous references suggesting cholecystectomy increases cancer incidence.

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