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Summary

Cholecystitis and gallbladder stones: Is surgery still standard in the era of percutaneous and EUS drainage?

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Laparoscopic cholecystectomy within 72 hours remains the gold standard for acute cholecystitis, but endoscopic ultrasound-guided gallbladder drainage offers better long-term outcomes than percutaneous drainage for high-risk surgical patients.

KEY POINTS

- The speaker stated that early laparoscopic cholecystectomy (within 72 hours of admission) results in fewer complications, shorter hospital stay, and lower costs compared to delayed surgery or drainage procedures.
- A Dutch randomized trial comparing laparoscopic cholecystectomy versus percutaneous drainage in high-risk patients was stopped at interim analysis due to high morbidity and mortality in the drainage group, as stated by the speaker.
- The speaker reported that EUS-guided gallbladder drainage has lower unplanned readmission rates and fewer recurrent cholecystitis interventions long-term compared to percutaneous drainage, though it is more costly and less widely available.
- All minimally invasive treatments are reversible and can be converted from one to another, with transduodenal EUS drainage preferred over transgastric for long-term outcomes, according to the speaker.
- The speaker emphasized that patient operability assessment and reassessment should guide treatment choice, with surgical risk optimization determining whether to proceed with cholecystectomy or select a minimally invasive bridging strategy.
- A Swedish study of 150,000 laparoscopic cholecystectomies found that female surgeons had significantly fewer complications and bile duct injuries, which the speaker attributed to longer operative times.

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