

SILENT GALLBLADDER STONE IN KIDNEY TRANSPLANTATION RECIPIENTS: SHOULD IT BE TREATED PREVENTIVELY?

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Poster

Hepatobiliary

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A retrospective cohort study of 230 kidney transplant recipients with gallstones found that cholecystectomy performed after transplantation carried significantly higher complication rates (38.8%) compared to pre-transplant surgery (6.3%), with multiple stones, large stones over 1 cm, and gallbladder wall thickening identified as risk factors for biliary complications.

KEY POINTS

- Among 214 kidney transplant recipients with silent gallstones managed conservatively, 9.3% developed biliary complications over a median 73.8 months follow-up, including acute cholecystitis in 20 patients, acute cholangitis in 2, and gallstone pancreatitis in 3.
- Post-transplant cholecystectomy resulted in a significantly higher rate of postoperative complications (38.8%) compared to pre-transplant cholecystectomy (6.3%, $p=0.04$), with the post-transplant group experiencing more severe complications including three grade IVb events requiring ICU care.
- Multiple gallstones (adjusted HR 2.46), gallbladder wall thickening (adjusted HR 5.41), and stones larger than 1 cm (adjusted HR 5.55) were independent risk factors for biliary complications in transplant recipients with silent gallstones.
- The authors suggest prophylactic cholecystectomy may be considered for kidney transplant candidates with these high-risk gallstone features, though this represents their recommendation based on the observed outcomes rather than a randomized comparison.

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