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Summary

PREDICTING FACTORS OF ACUTE GANGRENOUS CHOLECYSTITIS IN PATIENTS TREATED WITH LAPAROSCOPIC CHOLECYSTECTOMY: A SINGLE CENTER RETROSPECTIVE STUDY

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In a retrospective study of 314 laparoscopic cholecystectomy patients, gallbladder wall thickness of 4 mm or greater on ultrasound was a strong independent predictor of gangrenous cholecystitis, present in 11.8% of acute cholecystitis cases.

KEY POINTS

- Thickened gallbladder wall (≥ 4 mm) on preoperative ultrasound strongly predicted gangrenous cholecystitis with an adjusted odds ratio of 79.37 (95% CI 20.39-579.91, p<0.001).
- Patients with gangrenous cholecystitis were significantly older, more likely male, and had higher prevalence of chronic kidney disease compared to uncomplicated cholecystitis.
- Laboratory markers including higher WBC, C-reactive protein, and delta neutrophil index (DNI ≥ 0.5%) were associated with gangrenous cholecystitis.
- Ultrasound findings of sonographic Murphy's sign (21.6% vs 9%, p=0.039) and gallbladder wall defects (5.6% vs 0.4%, p=0.035) were more common in gangrenous cases.
- The authors suggest urgent management for patients with thickened gallbladder wall given the high morbidity and mortality of gangrenous cholecystitis.

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