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Summary

GLOBAL PREVALENCE AND GASTROINTESTINAL SYMPTOM BURDEN OF INDIVIDUALS WITH A HISTORY OF CHOLECYSTECTOMY: A POPULATION-BASED CROSS-SECTIONAL STUDY

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A global cross-sectional study of 54,127 individuals found that cholecystectomy, reported by 5.3% of respondents with substantial regional variation, was associated with higher prevalence of meeting symptom criteria for disorders of gut-brain interaction.

KEY POINTS

- Cholecystectomy prevalence ranged from 2.1% in Asia to 10.3% in North America, demonstrating an East-West gradient.
- Individuals with cholecystectomy had 57.1% prevalence of meeting DGBI symptom criteria versus 42.2% without cholecystectomy, with adjusted odds ratio of 1.57.
- The strongest associations were observed for gastroduodenal and anorectal DGBI patterns (adjusted OR 1.88 for each), followed by esophageal (1.62) and bowel (1.43) patterns.
- Notable increases were seen for pain-predominant diagnoses including reflux hypersensitivity, epigastric pain syndrome, and irritable bowel syndrome, as well as functional diarrhea, fecal incontinence, functional dysphagia, and cyclic vomiting syndrome.
- This population-based epidemiological study provides clinicians and researchers with data on the association between cholecystectomy and functional gastrointestinal symptom patterns across multiple organ systems.

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