

LETTER TO THE EDITOR

Percutaneous cholecystostomy for acute cholecystitis: who should really benefit from this procedure?

We appreciate the interest of and response from Melloul *et al.* in relation to our study.¹ We agree that a dedicated score [such as the Simplified Acute Physiology Score (SAPS) or Sequential Organ Failure Assessment (SOFA) score] is ideal in determining fitness for laparoscopic surgery.² In our retrospective study, it was difficult to determine these scores and thus we chose to use the American Society of Anesthesiologists (ASA) classification system. In addition, assessment of fitness for surgery was determined in conjunction with the anaesthetist.

The conversion rate of 67% (12 of 18 patients) was indeed high in comparison with the data reported in the literature.³ This reflects the presence of extensive adhesions related to previous upper abdominal surgeries (in eight of 18 patients) and technical difficulties with distorted anatomy (in four of 18 patients), possibly related to previous cholecystitis or percutaneous cholecystostomy (PC). The latter group also included one patient in whom a bile leak occurred following PC.

The readmission rate of 20% (four of 20 patients) in the acute acalculous cholecystitis (AAC) group was high, but in only two patients did this reflect the recurrence of symptoms. One further patient was admitted with biliary peritonitis after this patient's drain fell out accidentally, and another was admitted with obstructive jaundice and found to have pancreatic malignancy. Melloul *et al.* state in their response that PC can be achieved

successfully in 100% of patients with AAC.³ In our entire series, a total of 13 of 53 (25%) patients were readmitted with recurrence of symptoms. Given that only a small percentage of patients are suitable for cholecystectomy, it is not surprising that our readmission rate was higher.

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References

1. Sanjay P, Mittapalli D, Marioud A, White RD, Ram R, Alijani A. (2012) Clinical outcomes of a percutaneous cholecystostomy for acute cholecystitis: a multicentre analysis. *HPB* 15:511–516.
2. Yun SS, Hwang DW, Kim SW, Park SH, Park SJ, Lee DS *et al.* (2010) Better treatment strategies for patients with acute cholecystitis and American Society of Anesthesiologists classification 3 or greater. *Yonsei Med J* 51:540–545.
3. Melloul E, Denys A, Demartines N, Calmes JM, Schäfer M. (2011) Percutaneous drainage versus emergency cholecystectomy for the treatment of acute cholecystitis in critically ill patients: does it matter? *World J Surg* 35:826–833.