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Is early cholecystectomy better in acute biliary pancreatitis? – A comparative prospective study.

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I. INTROUCTION:

Acute pancreatitis is sudden inflammation of the pancreas that may range from mild discomfort to severe life threatening illness due to raised level of pancreatic enzymes in the blood.
Cholelithiasis being the most common cause of pancreatitis.
At the international association of pancreatology (IAP) consensus conference in Atlanta in 2021, SIRS was adopted as the benchmark score for assessing the severity of acute pancreatitis.
It is calculated at the time of admission and then after 48hours later.
SIRS is a prognostic indicator in pancreatitis.
Severe pancreatitis has high risk of mortality and morbidity, whereas mild to moderate ABP should get a cholecystectomy.

II. MATERIAL AND METHODS:

Study conducted at Katihar Medical college and hospital.
Study period : may 2021 to may 2022.
Patients with mild to moderate biliary pancreatitis were assigned to two groups.
Group A – early cholecystectomy within 72hours
Group B – delayed cholecystectomy after 4 days till 4 weeks.
The frequency of biliary events in both groups were assessed, operation time, hospital stay, conversion rate and complications.
The severity of acute pancreatitis was determined on the basis of :

- CT severity score
- Intensity of inflammatory reaction
- SIRS
- CRP

INCLUSION CRITERIA:
Patients (both male and female)
Confirmed cholelithiasis inducted acute pancreatitis with SIRS less than equal to 1 at the time of admissions.
CT SI less than equal to 3
CRP < 150mg

EXCLUSION CRITERIA:
Severe acute pancreatitis
Pancreatitis associated with major co-morbidities.
Pancreatitis associated with cholangitis.

ETHICS:
All patients were informed in details and consent in writing to participate in the study was taken. Data was collected on an analytical sheet. Analysis was performed using IBM SPSS 2.0 software where P value was less than 0.05.

III. RESULTS:

- DEMOGRAPHIC DATA:
  - In our comparative study total no of patients included were 40, out of which 25 were operated at first 72hours of the attack and the rest 15 were operated after day4 and before 4 weeks after the attack.
  - The late surgery group had a higher incidence of biliary complications, longer hospital stay and complications.
  - There were not much significant difference in the rate of conversion among the two groups.

  - Gender ratio of :
    - Male=15
    - Female=25
    - Average age of the population = 35 years.

- PRE-OPERATIVE PERIOD:
  - Over 40 patients, all were operated via laparoscopy and no conversions were observed in the two groups.
  - There was no postoperative morbidity.

- BILIARY EVENTS:
  - GROUP A :had one biliary event- biliary colic
  - GROUP B: had hepatic colic in 5 patients and acute pancreatic recurrence in 2 patients and cholecystitis in 1 patients.

IV. DISCUSSIONS:

In terms of age, gender and co-morbidity the two groups are perfectly comparable.

Timings of cholecystectomy has always been a subject of controversy.
In our study, GROUP B patients waiting for cholecystectomy developed a biliary event, leading to additional hospitalisation and stay in ICU.
The most frequent occurrence was hepatic colic.
In GROUP B , the hospital stay was longer.
The laparoscopic approach to cholecystectomy is the gold standard.
The patients with delayed surgeries have operational difficulties.
The conversion rate is nil and the operating time is not extended.

V. CONCLUSIONS:

Early cholecystectomy at 72hrs after beginning of moderated biliary acute pancreatitis is safe, with no or less biliary events.
If done early length of hospital stay is reduced.

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