



Letter to the Editor

Comments on 'Safe laparoscopic cholecystectomy: A systematic review of bile duct injury prevention': Is there a place for MRCP?



We appreciate the interest expressed in our systematic review on bile duct injury prevention. Indeed, we have not included the role of preoperative magnetic resonance cholangiopancreatography (MRCP) in our results, as our main objective was to investigate the different possible methods of BDI prevention that could be applied *intraoperatively*. Nevertheless, as the authors have demonstrated, the use of preoperative MRCP indeed is an interesting modality that might be of use in the work-up of cholecystectomy procedures and subsequently aid in prevention of BDI.

There are however some limitations to overcome before MRCP could be implemented in daily practice. For instance, magnetic resonance imaging in general remains an imaging modality with added costs, especially considering the current situation without any use of preoperative imaging other than ultrasonography. Furthermore, given the fact that about 1 in 500 persons annually receives a cholecystectomy, and also considering that with a current incidence of BDI after laparoscopic cholecystectomy between 0.23% and 0.47%, a considerable number of MRCPs are to be performed to have any significant impact [1–4].

What should also be considered is the availability to magnetic resonance imaging. Certainly, a large number of hospitals, primarily in developed and urban areas, have access to this modality. In developing countries and in rural areas however, access to magnetic resonance imaging might pose to be difficult.

The use of MRCP in a pre-emptive setting to identify potentially difficult cholecystectomies might be another useful addition to the toolkit of clinicians. We agree with the authors that further, in particular prospective, research is necessary to adequately establish patient factors in which MRCP might be an feasible addition to the pre-operative work up, as well as the cost-effectiveness.

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FW van de Graaf: writing.

JF Lange: writing.

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FW van de Graaf: None.

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References

- [1] Eurostat, Surgical Operations and Procedures Statistics, Eurostat, October 2016 [22 February 2017]; Available from: http://ec.europa.eu/eurostat/statistics-explained/index.php/Surgical_operations_and_procedures_statistics.
- [2] Healthcare Cost and Utilization Project (HCUP), Surgeries in Hospital-Based Ambulatory Surgery and Hospital Inpatient Settings, Agency for Healthcare Research and Quality, Rockville, MD, USA, 2014.
- [3] A. Waage, M. Nilsson, Iatrogenic bile duct injury: a population-based study of 152 776 cholecystectomies in the Swedish inpatient registry, *Arch. Surg.* 141 (12) (2006) 1207–1213.
- [4] M. Barrett, H.J. Asbun, H.L. Chien, et al., Bile duct injury and morbidity following cholecystectomy: a need for improvement, *Surg. Endosc.* 32 (4) (2018 Apr) 1683–1688, <https://doi.org/10.1007/s00464-017-5847-8> [Epub 2017 Sep 15].

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