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Letter to the Editor

Is severity of illness score sole parameter to choose type of intervention in severe acute cholecystitis?



Dear Editor

We read the manuscript entitled “Emergent cholecystectomy is superior to percutaneous cholecystostomy tube placement in critically ill patients with emergent calculous cholecystitis” by Hill et al.¹ with great interest. We agree with authors that performing laparoscopic cholecystectomy in high-risk patients unless there is an absolute contraindication for surgery.

Tokyo Guidelines (TGs) were created for the diagnosis of Acute cholecystitis (AC). In 2007, first version of the Tokyo Guidelines (TG 2007) was published.² To improve diagnostic accuracy further, the Tokyo Guidelines were revised in 2013 (TG 13) with a self-acclaimed accuracy of well over 90%.³ In November 2017, revised Tokyo Guidelines 2018 (TG18) was published.⁴ Tokyo Guidelines were created based on clinical findings, biochemistry and imaging findings.^{2,3} TGs classified AC according to severity (mild, moderate and severe forms). Grade III (severe) acute cholecystitis in the TG13 severity grading of acute cholecystitis is described as acute cholecystitis associated with organ system dysfunction, which in some circumstances may require treatment in an intensive care unit.⁴ An Italian group has also reported diagnostic criteria for severe cholecystitis in which gangrenous cholecystitis and phlegmonous cholecystitis are designated as severe, consisting of four factors: fever >38 °C, distention of gallbladder, wall edema, and preoperative adverse events.⁵ Therapeutic intervention regulated according to type of severity. Percutaneous cholecystostomy should be considered the first alternative to surgical intervention in patients with severe AC.⁶

In conclusion, severity of illness (SOI) score is not sole parameter to choose type of intervention (percutaneous cholecystostomy, laparoscopic, and open cholecystectomy) in severe AC patients. Local aggressiveness of AC (gangrenous and phlegmonous cholecystitis) should be considered in determining the type of intervention.

Appendix A. Supplementary data

Supplementary data related to this article can be found at <https://doi.org/10.1016/j.amjsurg.2018.06.024>.

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