

中文題目：接續性膽囊切除術是高風險急性膽囊炎患者接受經皮穿肝膽囊引流術後再發性膽管事件降低的最重要因子

英文題目：Subsequent Cholecystectomy Is The Key Factor for Recurrent Biliary Event in High-Risk Acute Cholecystitis Patients after Gallbladder Drainage

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Background: Cholelithiasis is a disease with increasing prevalence over the decades. Gallbladder drainage is an alternative choice in critically ill patients who cannot tolerate early surgery for acute cholecystitis. In previous data, early or delayed cholecystectomy leads to less recurrent biliary events comparing to using a wait-and-see strategy. We wondered if the subsequent cholecystectomy strategy is the most important factor to improve recurrent biliary event-free survival after gallbladder drainage. The present study aimed to explore the most important factor to improve the clinical outcome after percutaneous transhepatic gallbladder drainage (PTGBD).

Methods: We studied 211 adult acute cholecystitis patients who received PTGBD during index admission between July 2017 and December 2018 in Chung Shan Medical University Hospital and Changhua Christian Hospital. Patients who died during the index admission or lost follow-up within 30 days were excluded. We further divided these patients into those who received subsequent cholecystectomy within 2 months and those who received no cholecystectomy within 2 months. Recurrent biliary events, mortality and biliary event-related mortality were compared. Multivariate analysis was applied to find the most important factors of recurrent biliary event-free survival.

Results: There were 8 cases (13.6%) in the subsequent cholecystectomy group that experienced recurrent biliary events, while 39 cases (32.2%) experienced recurrent biliary events in the no cholecystectomy within 2 months group. The proportion and average recurrent biliary events per person were all significantly lower in the subsequent cholecystectomy group. The recurrent biliary event-related mortality difference is insignificant. The most decisive factor to determine recurrent biliary event-free survival is whether a subsequent cholecystectomy performed or not (HR:0.485, 95% CI: 0.250-0.941, p=0.032).

Conclusion: Subsequent cholecystectomy can decrease further recurrent biliary events and improve recurrent biliary event-free survival in high risk patients with acute cholecystitis that accepted PTGBD initially.