

EDITORIAL

The Difficult Gallbladder

Peter C. Ambe*
Department of Surgery, HELIOS Klinikum Wuppertal Abteilung für Urologie, Germany

Laparoscopic cholecystectomy (LC) represents with over 1.4 million cases per annum one of the most commonly performed surgical procedures worldwide [1]. Although early LC has been unequivocally proven as the gold standard for management of benign gallbladder pathologies [2-4], high rates of morbidity and mortality have been reported in patients undergoing LC for acute cholecystitis (AC) [5,6]. Thus percutaneous cholecystostomy (PC), i.e. an interventional placement of a percutaneous tube following computed tomographic or sonographic guidance has been suggested for the management of severe cases with cholecystitis [7-9]. This procedure so far has been widely used either as a bridge to surgery or as a definite management of severe cases of AC. Although the current evidence of the efficacy of PC is weak [10-12], its safety in the management of severe cholecystitis has been justified in many mostly retrospective studies [11,13,14].

Acute cholecystitis has a broad spectrum of clinical presentation; from a mild self-limiting to a septic life-threatening condition. The clinical presentation and course of AC might be influenced by both patient-dependent and disease-specific features. Patient-dependent features including age, gender, body mass index (BMI) and preexisting medical condition have been shown to influence the outcome of AC [15,16]. The extent of gallbladder inflammation (gangrenous, empyematus and perforated cholecystitis), the duration of symptom onset, presence or absence of gallbladder stones constitute disease-specific factors [17,18]. In addition to these factors, surgical expertise constitutes an important factor in patients undergoing surgical procedures.

Currently, surgical experience with LC is comprehensively available and the advantages of the minimal invasive approach (lesser pain, shorter hospital stay, better cosmesis, early return to work, etc) are unquestionable. Unfortunately, the high procedural volume and the presumed safety of LC obscure medical damages suffered by patients and the socioeconomic burden imposed on the health system by perioperative complications. Amongst all perioperative morbidities, bile duct injury is the most feared complication in gallbladder surgery. The risk of bile duct injury has been estimated at below 0.2% in open cholecystectomy and close to 0.4% in elective LC [19]. The rate of bile duct injury in patients with AC has been shown to be some where between 0.5% and 4% depending on the extent of gallbladder inflammation [6].

Two aspects of perioperative morbidity, especially bile duct injury during elective gallbladder surgery are worth mentioning: On the patient’s perspective, bile duct injury might predispose to recurrent cholangitis and eventually lead to biliary cirrhosis with the need of liver transplantation. The surgeon on the other hand might have to deal with medicolegal issues. Although the medicolegal aspect are usually time consuming it becomes irrelevant compared to the devastating sequelae of a poorly managed bile duct injury.

Preventing bile duct injury during gallbladder surgery is of utmost importance. The critical view approach has been...
advocated as a safe means of preventing bile duct injury during gallbladder dissection [20]. Our clinical experience however suggests that the critical view is not always achievable. Many experienced laparoscopic surgeons probably have developed tricks for a safe gallbladder dissection in such situations. As the saying goes „Tutte le strade portano a Roma ("All roads lead to Rom”), there are probably many ways to perform a safe gallbladder dissection without risking a bile duct injury.

This special issue is dedicated to this crucial aspect of gallbladder surgery. Articles of all kinds including original research, review articles, case reports, How I do, technical notes, intraoperative images, etc on tips and tricks for the difficult gallbladder dissection would be included in this issue. Every single gallbladder is a surgical challenge. We need to teach and learn from each other.

REFERENCES


