



PO-002

## Laparoscopic Subtotal Cholecystectomy Is An Alternative Treatment Option To Protect Common Bile Duct On Severe Inflammatory Gall Bladder; Multicenter Retrospective Cohort Study

**Sung Eun PARK<sup>1</sup>**, Tae Ho HONG<sup>1</sup>, Kwang Yeol PAIK\*<sup>1</sup>

<sup>1</sup>Hepato-biliary And Pancreas Surgery, 가톨릭대학교 서울성모병원, REPUBLIC OF KOREA

**Background** : Subtotal cholecystectomy (STC) has been described as an alternative procedure with safe outcomes for patients with severe gallbladder inflammation and fibrosis. The purpose of this study was to evaluate postoperative outcomes after laparoscopic subtotal cholecystectomy (LSTC).

**Methods** : Medical records of the patients who had severe cholecystitis (Tokyo Guideline 18 above 2) with the challenge of achieving a critical view of safety and underwent laparoscopic cholecystectomy at Seoul and Yeouido St. Mary's hospital between 2014 and 2022 were reviewed. Perioperative outcome of laparoscopic total cholecystectomy (LTC) and LSTC were compared retrospectively.

**Results** : A total of 268 patients who underwent laparoscopic cholecystectomy and 51 who underwent LSTC were included in the study. There were no differences in baseline characteristics between the two groups, except the LSTC group had more undergone preoperative PTGBD than the LTC group (45.1 % vs. 25.8 %,  $p = 0.007$ ). The LSTC group had a longer whole operation time compared to the LTC group (81 min vs. 67.3 min,  $p = 0.009$ ). However, there were no significant differences in the morbidity rate ( $p = 0.456$ ), incidence of intraoperative bile duct injury (0% vs. 5.5%,  $p = 0.086$ ), postoperative bile leakage (5.9% vs. 6.9%,  $p = 0.791$ ), and surgical site infection (0% vs. 3.2%,  $p = 0.194$ ) between the two groups. Additionally, there were no differences in readmission ( $p = 0.327$ ), reoperation rate ( $p = 1.000$ ), or the length of hospital stay ( $p = 0.685$ ).

**Conclusions** : LSTC can be considered as an alternative operation that can safely protect the common bile duct when Calot's triangle is not easy to be identified and difficult to dissect.

Corresponding Author : **Kwang Yeol PAIK** (szpaik@gmail.com)