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Letters to the Editor

Response to “Is percutaneous cholecystostomy in acute cholecystitis safe and effective? Analysis of the adverse effects associated with the technique”[☆]

Respuesta a: «¿Es segura y eficaz la colecistostomía percutánea en la colecistitis aguda? Análisis de los efectos adversos asociados a la técnica»

Letter to the Editor:

We have read with great interest the article published by Bejarano González et al.¹ “Is Percutaneous Cholecystostomy in Acute Cholecystitis Safe and Effective? Analysis of the Adverse Effects Associated with the Technique”. We appreciate the results of the study, in which the authors declare that percutaneous cholecystostomy is a safe and effective technique because it is associated with a low incidence of adverse events and mortality, and should be considered as a bridge therapy or definitive alternative in patients who are not candidates for urgent cholecystectomy after the failure of conservative antibiotic treatment¹. However, we would like to add some comments and share our experience in Colombia with the arrival of COVID-19.

As stated by Bejarano González et al.¹, percutaneous cholecystostomy is a resource that the treating physician can make use of when dealing with patients with acute cholecystitis who are not candidates for urgent surgery, have shown poor evolution with antibiotic management, or have comorbidities that increase the risk of subjecting the patient to an invasive procedure. This is also discussed in the recommendations proposed by the Tokyo guidelines, which are used worldwide for the management of patients with cholecystopathies².

With the arrival of the SARS-CoV-2 pandemic in Colombia, medical centers started to see an increase in the cancellation of elective surgeries, including cholecystectomies. However, surgical emergencies at the beginning of the pandemic (March

2019) continued to arrive, so the Colombian Association of Surgery published recommendations for the management of patients with urgent surgical disease. These guidelines recommended early cholecystectomy in patients with ASA I or II cholecystopathies with Tokyo I or II, acute cholecystitis, thereby seeking to reduce prolonged hospitalizations, optimize institutional resources and reduce the risk of nosocomial infection^{3,4}.

Despite health campaigns to educate the population about COVID-19, the fear of patients of becoming infected in hospitals increased the time between the onset of symptoms, diagnosis, and timely management of acute cholecystitis, which led to an increase in patients with acute cholecystitis and organ dysfunction or Tokyo III. This resulted in an increased use of percutaneous or open cholecystostomies according to the availability of hospital resources in patients who did not progress favorably with antibiotic therapy or had an ASA classification greater than or equal to III, following the recommendation of the Colombian Association of Surgery for the management of patients with urgent surgical disease^{2,3}.

Finally, we would like to thank the authors for the data provided in their study regarding the safety of the percutaneous cholecystostomy technique. It invites surgeons to use this procedure as a safe and effective alternative in patients who are not candidates for cholecystectomy as an initial treatment measure, which affects the morbidity and mortality of patients with acute cholecystitis. It will also help us propose a similar descriptive observational study in our country.

[☆] Please cite this article as: Rueda-Merchán GE, Rodríguez-Gutiérrez MM, Díaz-Rivera MC. Respuesta a: «¿Es segura y eficaz la colecistostomía percutánea en la colecistitis aguda? Análisis de los efectos adversos asociados a la técnica». Cir Esp. 2021. <https://doi.org/10.1016/j.ciresp.2021.05.015>

REFERENCES

1. Bejarano González N, Romaguera Monzonís A, Rebasa Cladera P, García Monforte N, Labró Ciurans M, Badia Closa J, et al. Is percutaneous cholecystostomy safe and effective in acute cholecystitis? Analysis of adverse effects associated with the technique. *Cir Esp.* 2021. S0009-0739X(21)00124-X. English, Spanish.
2. Yokoe M, Hata J, Takada T, Strasberg SM, Asbun HJ, Wakabayashi G, et al. Tokyo guidelines 2018: diagnostic criteria and severity grading of acute cholecystitis (with videos). *J Hepatobiliary Pancreat Sci.* 2018;25:41–54.
3. Cuevas-López L, Ayala Acosta JC, Velásquez-Jiménez OA, Navarro-Alean JA, González-Higuera LG, Zurita Medrano N, et al. Recomendaciones para el manejo de los pacientes quirúrgicos urgentes durante la pandemia COVID-19. *Rev Colomb Cir.* 2020;35:143–52.
4. Torregrosa L, Prieto R, Cabrera LF, Ordoñez J, Sánchez E, Rodríguez C, et al. Recomendaciones generales para los Servicios de Cirugía en Colombia durante la pandemia COVID-19 (SARS-CoV-2). *Rev Colomb Cir.* 2020;35:264–80.

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<http://dx.doi.org/10.1016/j.ciresp.2021.05.014>

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Management of cholelithiasis in times of COVID-19: A challenge for the system[☆]

Gestión de la colelitiasis en tiempos de COVID-19. Un reto para el sistema



To the Editor:

Since the declaration of the SARS-CoV-2 pandemic on March 11, 2020, by the WHO¹, COVID-19 has shaken the Spanish healthcare system and negatively impacted the availability of health resources, which we have described in our article².

While living with the virus for more than a year, we have adopted several measures to reduce the risk of perioperative infection, such as systematic preoperative PCR testing, the creation of selective patient circuits, the correct use of personal protection equipment, technical modifications for safe laparoscopic procedures, and the determination of the optimal moment for elective surgery after SARS-CoV-2 infection^{3,4}.

Unfortunately, throughout this year many hospitals have had persistently high bed occupancy rates due to COVID-19, although without reaching complete saturation like at the beginning of the pandemic. This situation has meant that only certain surgical activities have been maintained, mostly for oncological and urgent disease as well as some preferential benign conditions that do not require hospitalization.

Consequently, the waiting lists have increased significantly^{5,6} for non-urgent benign diseases like symptomatic cholelithiasis, as previously announced in our publication².

A long delay before definitive surgical care can aggravate the clinical situation of patients with cholelithiasis, who have an increased risk of experiencing episodes of cholecystitis or acute pancreatitis and may require more complex cholecystectomies with a higher risk of intraoperative complications⁷.

This situation makes it necessary for us to demand that national healthcare authorities immediately develop a strategy aimed at reducing waiting times for elective cholecystectomy, while guaranteeing equal access to surgical treatment across the national territory⁸.

Effective measures should be implemented in the short and long term. We recommend: promoting cholecystectomy programs in outpatient surgery (a practice that was only common in 37.9% of the centers surveyed in our study²); developing programs to 'crush' the waiting list by scheduling surgeries in the evenings or on weekends, with extra pay for hospital staff or by hiring specific staff; reaching patient referral agreements with other public or private hospitals that

[☆] Please cite this article as: Prieto M, Ortega I, Balibrea JM, Ielpo B. Gestión de la colelitiasis en tiempos de COVID-19. Un reto para el sistema. *Cir Esp.* 2021. <https://doi.org/10.1016/j.ciresp.2021.05.014>