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Letter to the Editor

Response to "Analysis of risk factors for complications in acute lithiasic cholecystitis. Deconstruction of the Tokyo Guidelines?"

«Respuesta a "Análisis de los factores de riesgo para complicaciones en la colecistitis aguda litiásica. Deconstrucción de las Tokyo Guidelines"»

To the Editor:

We have read with interest the article by González-Castillo et al.[1] on the analysis of risk factors for complications in lithiasic AC. We would like to contribute the results from a study conducted at our hospital analyzing factors that influence the prognosis of patients with this pathology.

Our series consists of 478 patients diagnosed with AC, 95% of which were lithiasic. Mean age was 66 years, and mean CCI was 1.33 ± 1.71. ASA score was ≥ III in 52.5%. The severity of the symptoms according to TG[2,3] was ≥ III in 20.9%. In our study, 80.3% were treated surgically, and the remaining 19.7% received a less aggressive treatment: PC in 10.3%, and management with antibiotic therapy in 9.4%.

Among the patients treated surgically, 91.9% underwent surgery within the first 24 h; 93.5% were treated laparoscopically and the remaining 6.5% using an open approach. The conversion rate was 10.9%.

In our study, we have broken down the items included in the 2018 Tokyo Guidelines[2,3] to determine which factors significantly influenced the prognosis of these patients. At the multivariate level, the variables that showed a statistically significant effect on the development of CD ≥ 3 complications were: the presence of marked inflammation (OR = 2.82, P = .012), and organ dysfunction (OR=2.82, P = .012).

However, among the patients who had undergone surgery, we found a lower rate of major complications (CD ≥ 3), compared to those treated by PC (9.6% vs. 24.5%, respectively), as well as a significantly lower death rate (2.6% vs. PC 10.2% or antibiotics 16.3%).

With these results, and given recent important publications,[4] we agree that the treatment of choice for AC is early LC, even in elderly patients with high surgical risk, since major complications, mean hospital stay, recurrence and costs are lower.

Conflict of interest

The authors declare that they have no conflict of interest.

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2173-5077/