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http://dx.doi.org/10.1016/j.pbj.2017.07.151

PS009

Percutaneous cholecystostomy in the management of acute cholecystitis

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Aim: The aim of this study is to clarify the role of percutaneous cholecystostomy in calculous acute cholecystitis treatment and to elucidate about its association with the surgical treatment.

Introduction: Laparoscopic cholecystectomy is the gold-standard treatment in acute cholecystitis. However, percutaneous cholecystostomy stands as an alternative therapeutic approach among the elderly or patients with several comorbidities.

Methods: In December 2016, a systematic database search on PubMed, Scopus and Web of Science was conducted to identify articles on percutaneous cholecystostomy published from January 2013 to November 2016, using the query "(acute cholecystitis OR severe cholecystitis) AND (cholecystostomy OR percutaneous cholecystostomy OR cholecystostomy tube)". In total, 290 articles were found and submitted to inclusion and exclusion criteria.

Results: A total of 13 records involving 1130 patients from 10 different countries met all inclusion criteria and were therefore included in this systematic review. All studies found eligible concluded percutaneous cholecystostomy is a potentially safe and effective therapeutic approach among high-risk surgical patients in the setting of acute cholecystitis. Percentage of patients undergoing percutaneous cholecystostomy followed by cholecystectomy varied between 7.2% and a maximum of 66.7%, with a conversion rate fluctuating between 0.0% and 66.7%. Complication and mortality rates ranged from 2.2% to 41.7% and 0.0% and 43.2%, respectively.

Conclusion: Percutaneous cholecystostomy is generally considered safe and effective among high-risk surgical patients diagnosed with acute cholecystitis.[1,2]

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http://dx.doi.org/10.1016/j.pbj.2017.07.152

PS092

The influence of maternal age and parity on perinatal outcomes – A preliminary study

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Aim: The aim of the study was to compare maternal, perinatal and neonatal outcomes depending on maternal age and parity.

Introduction: Advanced maternal age at childbirth has been associated with adverse perinatal and neonatal outcomes. As mean maternal age in developed countries is increasing decade by decade, the issue of perinatal outcomes among older patients seems to be of utmost importance.

Methods: It is a preliminary study that enrolled 243 women who gave birth in the Department of Obstetrics and Perinatology of the University Hospital in Kraków, Poland, during a one-month period (in May 2017). The patients were divided into 2 groups: >30 and ≤30 years old. The two groups were subsequently subdivided into 4 subgroups. Maternal, perinatal and neonatal outcomes were compared between all the subgroups.

Results: Comparison of women at age >30 and ≤30 revealed that advanced maternal age may constitute a predisposing factor for stillbirth, preterm delivery and congenital disorders. At the same time, the patients in the first group were at lower risk of SGA (small for gestational age) and LGA (large for gestational age)