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Letters to the Editor

Response to "National survey on the treatment of cholecystectomy in Spain during the initial period of the COVID-19 pandemic"☆

Respuesta a «Encuesta nacional sobre el tratamiento de la colelitiasis en España durante la fase inicial de la pandemia por COVID-19»

To the Editor,

After reading with interest the article published by Ielpo et al[1] about the national survey on the treatment of cholelithiasis and acute cholecystitis during the initial phase of the COVID-19 pandemic, we would like to share our experience.

Like 96.7% of the hospitals included in the survey, elective cholecystectomies were also suspended at our medical center. To analyze the management of patients with acute cholecystitis, we carried out a retrospective observational study comparing the cases diagnosed during a period prior to the pandemic (March 12 to May 12, 2019 — period 1) with those of the initial phase of the COVID-19 pandemic (March 12 to May 12, 2020 — period 2).

The series included 16 patients: 13 belonging to group 1, and 3 to group 2. The distribution in terms of age and sex was similar in both groups, with a mean age of 71.92 years in group 1 and 62.33 years in group 2 (ranges: 35–94 and 54–78 years, respectively) with a male:female ratio of 2.25:1 and 2:1, respectively. The mean Charlson comorbidity index in group 1 was 4.54 versus 2.33 in group 2, with no statistically significant differences. No patient was diagnosed with COVID-19 either pre- or postoperatively.

According to the severity criteria of the Tokyo guidelines,[2] in the first group 4 patients had mild cholecystitis, 8 moderate, and 1 severe. In group 2, we found one patient with moderate cholecystitis and 2 severe cases. There were only statistically significant differences when severe cases were compared between the two groups ($P = .018$).

The laparoscopic approach was used in all patients who underwent surgery (11 in group 1 and all patients in group 2), and conversion was required in one case of each group. The remaining 2 cases in group 1 were treated by cholecystostomy and antibiotic therapy. Mean hospital stay was 6.2 and 6.6 days, respectively.

In conclusion, the number of patients diagnosed with acute cholecystitis at our hospital during the initial phase of the global SARS-CoV-2 pandemic dropped by 81.25%. We did not find statistically significant differences between the two groups in terms of the Charlson index or severity according to the Tokyo guidelines, which we attribute to the fact that it is a small sample. The management of our patients did not change, as we opted for surgical treatment for all patients in group 2 while adopting the preventive measures recommended by the AEC.[3] However, conservative treatment should be evaluated in cases with suspected or confirmed SARS-CoV-2 infection due to the risk of unfavorable postoperative evolution.[4]

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Reply to editor letter☆

Réplica a carta al director

Dear Editor:

We appreciate the opportunity to comment on the Letter to the Editor by Dr Clara Giménez Francés et al. regarding our recently published article on the treatment of cholelithiasis and acute cholecystitis during the initial phase of the COVID-19 pandemic.[1] This letter is an interesting occasion to discuss the results of our survey.

However, the letter is based on a small caseload, where the use of statistics and the conclusions must be considered in their context. The experience presented by the Hospital Universitario Reina Sofía de Murcia confirms the trend observed by the vast majority of Spanish hospitals to suspend elective cholecystectomy surgery during the first phase of the pandemic, as we have observed in our article.[2] As we are seeing in the successive phases of the pandemic, the effect of this strategy has significantly increased the waiting list for surgical treatment of cholelithiasis. The result of a prolonged post-pandemic surgical waiting list to treat cholelithiasis should not lead to a worsening of the quality of life of these patients.

It is essential for hospital administrators to act quickly and efficiently to solve this problem, allocating more resources to the resumed surgical activity while providing the maximum guarantees of safety for patients and professionals.

The series presented in the Letter to the Editor reports that, contrary to the trend described by our national survey, urgent surgical treatment was offered to all patients (3) who presented with acute cholecystitis during the pandemic confinement. Although it is in survey format, our article exposes a situation that has later been confirmed in subsequent publications, including larger numbers of cases.[3,4] We find it interesting that the letter from López Morales et al. states that during the pandemic phase (group 2), a period of 2 months, only 3 patients went to the emergency room for acute cholecystitis. This datum is in line with those of our national study, where 98% of those surveyed have noted a reduction in emergency room admissions due to acute cholecystitis, decreasing even >50% in 34% of the responses.

The survey conducted during the pandemic has also been an occasion to highlight some inadequacies that still exist in the management of cholelithiasis in our setting. For example, there is a need to implement scheduled cholecystectomy in a day surgery regimen, which, according to our survey, is a rare practice and is usually only performed in 38% of hospitals. Its increased use could contribute to improved healthcare during the current pandemic.

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