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## A Study Of The Outcome Of Early Versus Delayed Cholecystectomy In Patients With Mild To Moderate Biliary Pancreatitis

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**Background** : The optimal timing of cholecystectomy for patients with mild to moderate biliary pancreatitis has always remained controversial. Objective of this study was to compare the outcomes of early vs late cholecystectomy in patients with mild to moderate biliary pancreatitis.

**Methods** : This comparative cross sectional study was conducted at surgery department of COMS-TH; Chitwan from 1st of January 2021 to December 31st 2021. Patients with mild to moderate biliary pancreatitis were included in this study. Patients were divided into two groups. Group A included patients undergoing early (operated in same admission) and Group B included patients with delayed (operated 6 weeks after discharge) cholecystectomy. The outcomes like hospital stay, intra and post-operative complications, recurrent biliary events were compared ; strength of correlation between MCTSI score and Ranson score was also studied.  $P < 0.05$  was considered statistically significant.

**Results** : A total of 124 patients were included amongst which ( $n=70$ ; 56.54%) in Group A and ( $n=54$ ; 43.2%) in Group B. The mean interval of admission to surgery was  $4.8 \pm 1.7$  vs  $64 \pm 37.2$  days. There were no differences between the two groups with respect to demographics and postoperative complications ( 7.1% vs 9.3%;  $P = 0.69$ ). A greater rate of conversion to open cholecystectomy ( 34.28% vs 18.51%;  $P = 0.04$ ) was in seen in Group A; nevertheless recurrent biliary events (0% vs 51.85%) was found in delayed group. The early group had significantly shorter length of hospital stay ( $6.43 \pm 1.8$  vs  $13 \pm 2.7$ ;  $P = 0.000$ ) but with increased intraoperative difficulties (65.71% vs 31.48%;  $P = 0.000$ ). In our study Ranson scoring of severity of pancreatitis was comparable to MCTSI score ( $P = 0.433$ ).

**Conclusions** : In patients with mild to moderate biliary pancreatitis, early cholecystectomy resulted in a shorter length of hospital stay, while decreasing the risk of recurrent biliary events.

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