

**HBP** SURGERY WEEK 2023

MARCH 23 THU - 25 SAT, 2023 | BEXCO, BUSAN, KOREA www.khbps.org

& The 58<sup>th</sup> Annual Congress of the Korean Association of HBP Surgery



EP 070

## Bacteriological Change Of Cholecystitis According To Inflammatory Status Of Gallbladder

Haneol PARK, Yoonkyung WOO, Yoonyoung CHOI, Jin Ha CHUN, Sung Eun PARK, Tae Ho HONG, Young Kyoung YOO, Ho Joong CHOI\*

Department Of Surgery, Seoul St. Mary's Hospital, REPUBLIC OF KOREA

**Background** : Acute cholecystitis (AC) is one of the most common acute surgical diseases. However, the disease spectrum varies significantly in each patient from near normal gallbladder to very severe gangrenous cholecystitis. We performed bacteriological analysis of bile and blood of each AC patients and analyzed them according to their pathology reports.

**Methods** : From March 2018 to February 2020, 271 patients who had emergent laparoscopic cholecystectomy were enrolled in our study and were analylzed retrospectively. We classified enrolled patients into three different groups (chronic cholecystitis, acute cholecystitis and gangrenous cholecystitis) according to their pathological report. To compare with presumed non-pathologic gallbladder, bacterial status and its pathologic findings were analyzed from live liver donors.

**Results** : The rate of bactibilia increased along with severity of inflammation from 9.2% (chronic cholecystitis) to 42.5% (acute cholecystitis) and 47% (gangrenous cholecystitis), while bile was found to be sterile in all of live liver donors. Though the result was statistically irrelevant, blood culture growth rate was highest in gangrenous cholecystitis group (7.8%). Advanced age, presence of fever, neutrophil-lymphocyte ratio (NLR), C-reactive protein (CRP) level, and presence of marked local infection were identified as being significantly associated with severity of cholecystitis and bactibilia. In comparing preoperative outcomes, operation time, estimated blood loss (EBL), drainage insertion, time to discharge from surgery, and duration of antibiotics usage differed significantly.

**Conclusions** : The Risk of bactibilia and bacteremia tend to increase along with severity of cholecystitis, and antibiotics should be used in selective patients.

Corresponding Author : Ho Joong CHOI (hopej0126@gmail.com)