Operative Indication Is a Poor Predictor of Histological Inflammation in Adult Cholecystectomy.

Interim Results From Feasibility of Predicting Incidental Gallbladder Cancer.

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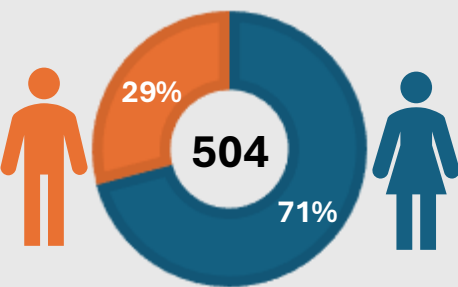[1]University Hospitals Plymouth NHS Trust [2]University of Plymouth

AT A GLANCE

The aim of this analysis was to examine how pre-operative indications reflect underlying histological inflammation in cholecystectomy
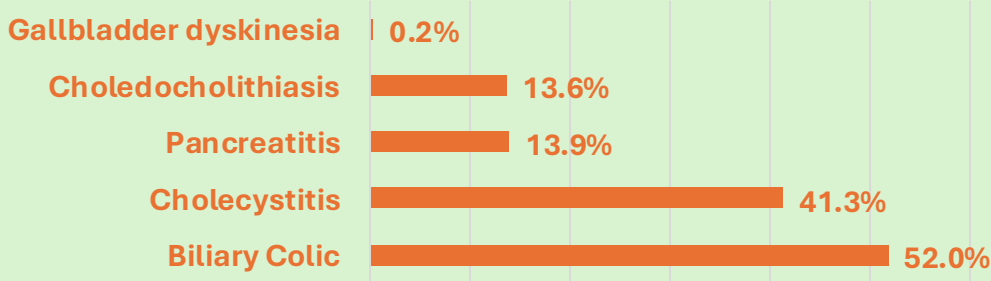
Chronic inflammation at histology is common to all indications for cholecystectomy. Clinical diagnoses may therefore underestimate the burden of inflammatory disease. This may reflect inequity for patients initially labelled as biliary colic.

Patients with cholecystitis and pancreatitis are usually prioritised over uncomplicated biliary colic.

504

29% / 71%

Age: 53 (19-90)

BMI: 30.9 (18.5-58.4)

- Gallbladder dyskinesia 0.2%
- Choledocholithiasis 13.6%
- Pancreatitis 13.9%
- Cholecystitis 41.3%
- Biliary Colic 52.0%

Acute cholecystitis
(diagnosed at histopathology)

Indication	% with AC	
Biliary colic	6.9%	OR 0.83 p=0.625
Cholecystitis	21.6%	OR 4.73 p<0.001
Pancreatitis	5.7%	OR 0.64 p=0.441
Choledocholithiasis	13.6%	
With cholangitis	50.0%	OR 8.97 p=0.003
With obstruction	10.9%	OR 1.26 p=0.659
Uncomplicated	-	

Chronic cholecystitis
(diagnosed at histopathology)

Indication	% with CC	
Biliary colic	87.8%	OR 2.26 p=0.69
Cholecystitis	87.0%	OR 2.03 p=0.109
Pancreatitis	87.1%	OR 1.83 p=.236
Choledocholithiasis	89.4%	
With cholangitis	80.0%	OR 1.06 p=0.944
With obstruction	91.3%	OR 2.53 p=0.120
Uncomplicated	90.9%	OR 1.80 p=0.586

DESIGN
- Multicentre, trainee collaborative
- Cross-sectional study
- Prospective, consecutive identification
- Non-consented, de-identified data collected in REDCap

ELIGIBILITY
- Adult patients undergoing cholecystectomy during the recruitment window
- Surgery for benign diseases
  - Gallstone complications
  - Dyskinesia

EXCLUSIONS
Patients with described high-risk for cancers
- Polyps >5mm
- Mirizzi III/IV
- Pre-operative history/suspicion of biliary malignancy
- High risk congenital abnormalities

Cholecystectomy as part of another procedure

ANALYSIS
- Secondary analysis of feasibility data
- Paired operative indication and final histopathological diagnoses compared
- Logistic regression to calculate odds of indication predicting histology

PROTOCOL

P-iGBC Predicting Incidental Gallbladder Cancer

AUGIS Association of Upper Gastrointestinal Surgery of Great Britain and Ireland

UNIVERSITY OF PLYMOUTH

NHS University Hospitals Plymouth NHS Trust