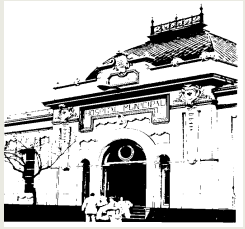
Servicio de Cirugía General
HOSPITAL MUNICIPAL de AGUDOS "*Dr. Leónidas Lucero*"
Estomba 968 (8000) Bahía Blanca
TEL. 4598484 (Int. 2324)
serviciodecirugia@hmabb.gov.ar

Hay que realizar siempre la CVL luego de la colecistostomía percutánea?

Cuando?

Prof. Méd. Gustavo Stork
Sector de Cirugía de Hígado-Vía Biliar-Páncreas
Servicio de Cirugía General
Hospital Municipal de Agudos "Dr. Leónidas Lucero"



Introducción

1. Hay que realizar siempre la CVL luego de la colecistostomía percutánea?
2. Cuando hay que realizar la CVL luego de la colecistostomía percutánea?
3. Mirada a la evidencia actual
4. Conclusiones

Hay que realizar siempre la CVL luego de la colecistostomía percutánea? Cuando?

Indicaciones Colecistostomía Percutánea:

1. **Colecistitis Aguda en Pacientes Críticos (Litiásica o Alitiásica)**
2. **Colecistitis Aguda en Pacientes de Alto Riesgo (Litiásica)**
3. **Colecistitis Aguda post CPRE o CTPH (Litiásica o Alitiásica)**

J Hepatobiliary Pancreat Surg (2007) 14:27–34
DOI 10.1007/s00534-006-1153-x

Flowcharts for the diagnosis and treatment of acute cholangitis and cholecystitis: Tokyo Guidelines

Dr. Gustavo Stork
gustavo.stork@uns.edu.ar

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Journal of HBP Surgery

Flowcharts for the diagnosis and treatment of acute cholangitis and cholecystitis: Tokyo Guidelines

Fumihiko Miura[1], Tadahiro Takada[1], Yoshifumi Kawarada[2], Yuji Nimura[3], Keita Wada[1], Masahiko Hirota[4], Masato Nagino[3], Toshio Tsuyuguchi[5], Toshihiko Mayumi[6], Masahiro Yoshida[1], Steven M. Strasberg[7], Henry A. Pitt[8], Jacques Belghiti[9], Eduardo de Santibanes[10], Thomas R. Gadacz[11], Dirk J. Gouma[12], Sheung-Tat Fan[13], Miin-Fu Chen[14], Robert T. Padbury[15], Philippus C. Bornman[16], Sun-Whe Kim[17], Kui-Hin Liau[18], Giulio Belli[19], and Christos Dervenis[20]

[1] Department of Surgery, Teikyo University School of Medicine, 2-11-1 Kaga, Itabashi-Ku, Tokyo 173-8605, Japan
[2] Mie University School of Medicine, Mie, Japan
[3] Division of Surgical Oncology, Department of Surgery, Nagoya University Graduate School of Medicine, Nagoya, Japan
[4] Department of Gastroenterological Surgery, Kumamoto University Graduate School of Medical Science, Kumamoto, Japan
[5] Department of Medicine and Clinical Oncology, Graduate School of Medicine, Chiba University, Chiba, Japan
[6] Department of Emergency Medicine and Critical Care, Nagoya University School of Medicine, Nagoya, Japan
[7] Department of Surgery, Washington University in St Louis and Barnes-Jewish Hospital, St Louis, USA
[8] Department of Surgery, Indiana University School of Medicine, Indianapolis, USA
[9] Department of Digestive Surgery and Transplantation, Hospital Beaujon, Clichy, France
[10] Department of Surgery, University of Buenos Aires, Buenos Aires, Argentina
[11] Department of Gastrointestinal Surgery, Medical College of Georgia, Georgia, USA
[12] Department of Surgery, Academic Medical Center, Amsterdam, The Netherlands
[13] Department of Surgery, The University of Hong Kong, Pokfulam, Hong Kong, China
[14] Department of Surgery, Chang Gung Memorial Hospital, Chang Gung University, Taoyuan, Taiwan
[15] Division of Surgical and Specialty Services, Flinders Medical Centre, Adelaide, Australia
[16] Division of General Surgery, University of Cape Town, Cape Town, South Africa
[17] Department of Surgery, Seoul National University College of Medicine, Seoul, Korea
[18] Department of Surgery, Tan Tock Seng Hospital / Hepatobiliary Surgery, Medical Centre, Singapore
[19] Department of General and Hepato-Pancreato-Biliary Surgery, S.M. Loreto Nuovo Hospital, Naples, Italy
[20] First Department of Surgery, Agia Olga Hospital, Athens, Greece

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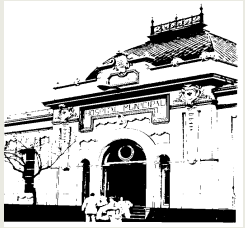

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Table 3. Criteria for mild (grade I) acute cholecystitis

Table 4. Criteria for moderate (grade II) acute cholecystitis

Table 5. Criteria for severe (grade III) acute cholecystitis

"Severe" acute cholecystitis is accompanied by dysfunctions in any one of the following organs/systems

1. Cardiovascular dysfunction (hypotension requiring treatment with dopamine ≧5 μg/kg per min, or any dose of dobutamine)
2. Neurological dysfunction (decreased level of consciousness)
3. Respiratory dysfunction (PaO_2/FiO_2 ratio <300)
4. Renal dysfunction (oliguria, creatinine >2.0 mg/dl)
5. Hepatic dysfunction (PT-INR >1.5)
6. Hematological dysfunction (platelet count <100000/mm³)

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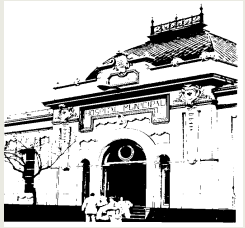

Hay que realizar siempre la CVL luego de la colecistostomía percutánea? Cuando?

Indicaciones Colecistostomía Percutánea:

1. Colecistitis Aguda GRADO II (moderada)

If a patient has serious local **inflammation making early cholecystectomy difficult**, then percutaneous or operative drainage of the gallbladder is recommended.

2. Colecistitis Aguda GRADO III (severa)

Elective cholecystectomy may be performed after improvement of the **acute illness** by gallbladder drainage.

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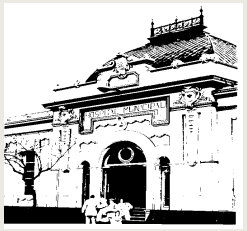

Hay que realizar siempre la CVL luego de la colecistostomía percutánea? Cuando?

Indicaciones Colecistostomía Percutánea:

1. **Colecistitis Aguda GRADO II (moderada)**
   Proceso Inflamatorio Local

2. **Colecistitis Aguda GRADO III (severa)**
   Enfermedad Grave (Críticos o Alto Riesgo)

Dr. Gustavo Stork
gustavo.stork@uns.edu.ar

1. Hay que realizar SIEMPRE CVL luego de la colecistostomía percutánea?

NO

Algunos Casos

Colecistitis Aguda Alitiásica

For patients with acalculous cholecystitis,cholecystectomy Is not required, because recurrence of acute acalculous cholecystitis after gallbladder drainage is rare

(Level IV)

Colecistitis Aguda Litiásica

(Level IV)

Dr. Gustavo Stork
gustavo.stork@uns.edu.ar

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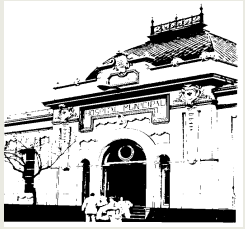

2. CUANDO hay que realizar CVL luego de la colecistostomía percutánea?

1. Colecistitis Aguda GRADO II (Moderada)

Elective cholecystectomy can be performed after improvement of the **acute inflammatory process**. **(Level IV)**

2. Colecistitis Aguda GRAVE III (Severa)

Elective cholecystectomy may be performed after improvement of the **acute illness** by gallbladder drainage. **(Level IV)**

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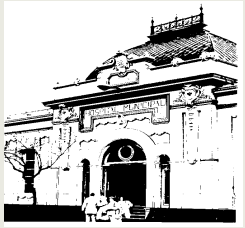


CUANDO?

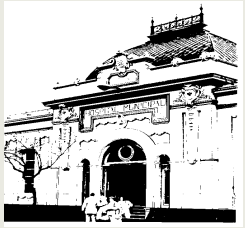
Vancouver, Canada
Surg Endosc. 1996 Dec;10(12):1185-8.
Pacientes de alto riego, con CVL a 8-12 semanas.

(Level IV)

Ohio, USA
Arch Surg. 2000 Mar;135(3):341-6.
Pacientes con alto riesgo y GRADO II (proceso inflamatorio) CVL a 12 semanas.

(Level IV)

Dr. Gustavo Stork
gustavo.stork@uns.edu.ar



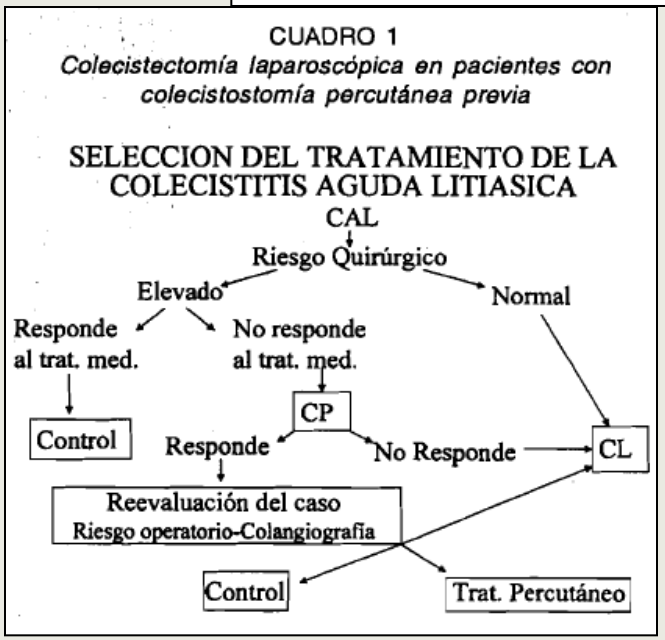
CUANDO?

COLECISTECTOMÍA LAPAROSCÓPICA EN PACIENTES CON COLECISTOSTOMÍA PERCUTÁNEA PREVIA

Dres. Juan Pekolj MAAC FACS, *Alfredo Domenech Mercado, Lucas Mc Cormack* MAAC, *Oscar Mazza* MAAC, *Jorge A. Sívori* MAAC FACS y *Eduardo de Santibañes* MAAC FACS

DEL SECTOR DE CIRUGÍA HEPATO BILIO PANCREÁTICA, SERVICIO DE CIRUGÍA GENERAL.
HOSPITAL ITALIANO DE BUENOS AIRES

CUADRO 1
Colecistectomía laparoscópica en pacientes con colecistostomía percutánea previa



1989 -1997
93 CP todas en pac. por alto riesgo
CVL 18 (19.3%)
(16 litiásica y 2 alitiásica)

Tiempo promedio 77 (r:4-228)

Dr. Gustavo Stork
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CUANDO?

Surg Endosc. 2002 Dec;16(12):1704-7.

Early scheduled laparoscopic cholecystectomy following percutaneous transhepatic gallbladder drainage for patients with acute cholecystitis.

Chikamori F, Kuniyoshi N, Shibuya S, Takase Y.
Department of Surgery, Kuniyoshi Hospital, Kochi, **Japan.**

Grupo I: 31 patients were treated by **early scheduled LC following PTGBD**

Grupo II: 9 patients treated by **early LC without PTGBD**

Grupo III: 12 patients treated by **delayed LC following conservative therapy**

CONCLUSION:
Early scheduled LC following PTGBD is a safe and effective therapeutic option for patients with acute cholecystitis especially in elderly and complicated patients.

Level III → **Alto Riesgo**

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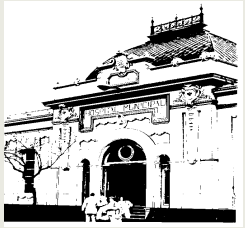

Surgical Laparoscopy, Endoscopy & Percutaneous Techniques: February 2009 - Volume 19 - Issue 1 - pp 20-24

Impact of Delayed Laparoscopic Cholecystectomy After Percutaneous Transhepatic Gallbladder Drainage for Patients With Complicated Acute Cholecystitis

Kim, Hyung Ook MD; Ho Son, Byung MD; Yoo, Chang Hak MD; Ho Shin, Jun MD

Patients were classified into 3 groups:
Grupo 1: (n=60) patients who underwent an LC without preoperative PTGBD
Grupo 2: (n=35) patients who underwent an early scheduled LC within 7 days of PTGBD
Grupo 3: (n=38) patients in whom the **LC was delayed for a mean of 19.9 days (range, 14 to 39 d) after PTGBD.**

The conversion rate to open cholecystectomy and the postoperative complication rate were lower in group 3 than in group 1 (P<0.05).

Level III → **Colecistitis Moderada**

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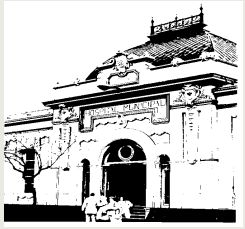

CUANDO?

Serie Moro – Stork 2003-2008

- **51 Colecistostomías Percutánea**
  Litiásica: 42 (82%)
  Alitiásica: 9 (18%)

- **13 CVL (31%)**

Tiempo Promedio: 12 semanas

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gustavo.stork@uns.edu.ar

Conclusiones

1. Hay que realizar siempre la CVL luego de la colecistostomía percutánea?

NO

Colecistitis Aguda Alitiásica

CASI NUNCA

Colecistitis Aguda Litiásica

AVECES

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gustavo.stork@uns.edu.ar

Conclusiones

2. A que pacientes con colecistitis litiásica hay que realizar CVL luego de la colecistostomía percutánea ?

Pacientes Críticos que se recuperaron

Pacientes con Alto Riesgo transitorio, el cual mejoró luego del tratamiento

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Conclusiones

En que momento?

Colecistitis Aguda GRADO II

Proceso Inflamatorio

4-12 SEMANAS

(Level III-IV)

Colecistitis Aguda GRADO III

Enfermedad Concomitante

ANTES DE LOS 7 DIAS?

(Level III-IV)

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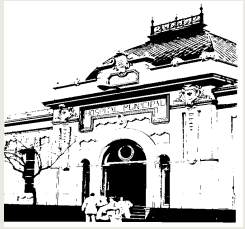

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Muchas Gracias