

## INTRODUCTION

- Cholecystectomy following an episode of acute gallstone cholangitis (AGC) is strongly supported by the data, however the timing of cholecystectomy remains uncertain.
- Delay in cholecystectomy following an episode of AGC may increase the risk ED visits and readmissions while awaiting elective cholecystectomy.

## AIMS

- Asses the safety of early cholecystectomy in acute gallstone cholangitis.
- Compare the outcomes of early vs late cholecystectomy in patients with acute cholangitis.

## METHODS

- A systematic review and meta-analysis of six studies comprising a total of 604 patients (289 and 315 patients were allocated to the early and late cholecystectomy groups, respectively)
- The inclusion criteria comprised all randomized controlled trials (RCTs) and nonrandomized comparative trials (NCTs) that evaluated early (<24 hours) versus late (>24 hours) cholecystectomy among patients with acute gallstone cholangitis.
- The efficacy outcomes were summarized as mean difference (MD) or risk ratio (RR) with 95% confidence interval (CI).

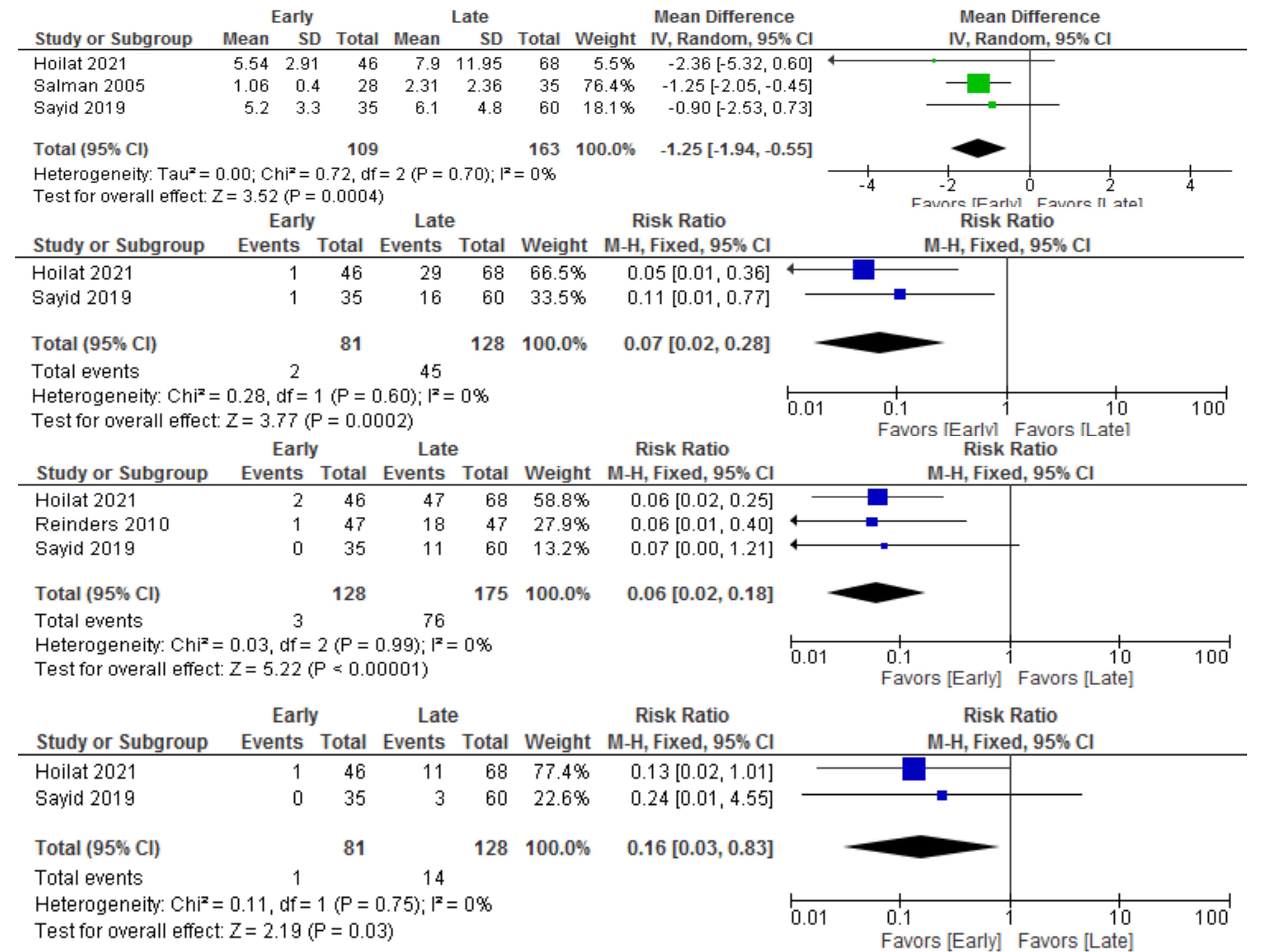
## RESULTS

The mean length of hospital stay ( MD=-1.25 d, 95% CI [-1.94, -0.55], p<0.001) was significantly reduced.

The rate of readmission within 30 days (RR=0.07, 95% CI [0.02, 0.28], p<0.001) was significantly reduced

The rate of readmission due to a biliary cause (RR=0.06, 95% CI [0.02, 0.18], p<0.001) was significantly reduced

The rate of death within 30 days (RR=0.16, 95% CI [0.03, 0.83], p=0.03)was significantly reduced



## CONCLUSION

- Performing laparoscopic cholecystectomy during the same admission for acute gallstone cholangitis significantly decreases 30-day readmission and 30-day mortality in patient with acute gallstone cholangitis.
- Additionally, there was no increase in intra-operative time or the incidence of post-operative complications.