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## Impact of comorbidities on the postoperative outcomes of acute cholecystitis following early cholecystectomy

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Abstrak

PURPOSES: The purpose of this study was to evaluate the influence of comorbidities on the surgical outcomes of early cholecystectomy for acute cholecystitis.

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METHODS: Data were retrospectively collected for patients with acute cholecystitis who underwent early cholecystectomy. Patients were separated into three groups based on the cholecystitis severity grade, and the surgical outcomes of early cholecystectomy were analyzed. Patients with mild and moderate cholecystitis were subdivided into a comorbidity group (n=10) and a non-comorbidity group (n=83).

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RESULTS: There were 57 (55.3%) patients with mild cholecystitis, 36 (35.0%) with moderate cholecystitis, and 10 (9.7%) with severe cholecystitis. The surgical outcomes were significantly worse for patients with severe cholecystitis than for patients with mild or moderate cholecystitis. There were no postoperative deaths after cholecystectomy. There were no significant differences in the complication rate (P=0.629), conversion rate (P=0.114), or intraoperative blood loss (P=0.147) between the comorbidity and non-comorbidity groups.

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CONCLUSION: Our findings suggest that early cholecystectomy can be performed safely for patients with mild and moderate cholecystitis even if comorbidities are present. Early cholecystectomy may be an alternative treatment strategy for patients with severe cholecystitis who are candidates for anesthesia and surgery.