

Laparoscopic Cholecystectomy for Treating Acute Cholecystitis – Possibilities and Limitations

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Abstract

Our study analysed a batch of 1402 A.C., operated on within the S.U.U.B. First Surgical Clinic between 1993-2010. L.C. was possible in 90% of the cases, and conversion to open surgery was required in 10% of the cases. The causes that determined the necessity for this conversion were pericholecystic plastron – 49%, unclear anatomical orientation – 46.5%, haemorrhage – 9.7%, iatrogenic injury of the main bile duct – 0.23% etc. Statistical analysis has shown that male gender, over 50 yrs. age groups, gangrenous A. C. and fibrous plastron represent risk factors for the conclusion of L.C. Reinterventions were performed on 20 patients (1.4%). Postoperative mortality was not encountered.

Key words: acute cholecystitis, laparoscopic cholecystectomy, conversion to open surgery

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