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Self-Reported Outcomes Following Cholecystectomy for Hyperkinetic Biliary Dyskinesia

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Self-Reported Outcomes Following Cholecystectomy for Hyperkinetic Biliary Dyskinesia

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Describe role of Submitting/Presenting Trainee in this project (limit 150 words):

Pediatric Surgical Scholar (research fellow in department of surgery) and primary author

Background, Objectives/Goal, Methods/Design, Results, Conclusions limited to 500 words

Background:

Biliary dyskinesia (BD) is a common indication for cholecystectomy in children. Diagnosis is made by the presence of right upper quadrant abdominal pain, lack of gallstones on ultrasound, and a gallbladder ejection fraction (EF) that is abnormal. We previously reported resolution of symptoms at longterm post-operative follow-up in 61% of pediatric patients undergoing laparoscopic cholecystectomy for hypokinetic BD with EF of <35%; however, data supporting the efficacy of cholecystectomy for hyperkinetic BD (EF >75%) is sparse. We sought to determine whether children with hyperkinetic BD had similar resolution of their symptoms after laparoscopic cholecystectomy at our institution.

Objectives/Goal:

To determine long-term improvement or resolution of symptoms after cholecystectomy in patients with hyperkinetic biliary dyskinesia

Methods/Design:

We conducted a retrospective chart review of children who had undergone laparoscopic cholecystectomy for hyperkinetic BD at our free-standing children's hospital between September 2010 and July 2015. Patients were contacted via telephone and answered a short questionnaire regarding symptom resolution, whether they were happy to have undergone cholecystectomy, satisfaction with cholecystectomy on a 1-10 scale, and a narrative of additional workup or treatment for those with ongoing abdominal pain. Analysis of outcomes was performed only for

patients who could be contacted. An unpaired t test was used to compare ejection fractions of patients with and without symptom resolution.

Results:

Of the 13 patients identified on chart review, 8 participated in the phone survey. Median ejection fraction was 93% (range 81%- 99%) with a median follow-up of 3.75 (range 2.50-6.75) years. Five patients (one with ongoing pain and four with symptom resolution), were happy their gallbladder had been removed. Four patients (50%) reported symptom resolution. The median EF of the four patients with resolution of symptoms was 93.5% and the median EF of the four patients with ongoing pain was 91% ($p = 0.24$). Frequency of pain varied among the symptomatic patients, ranging from <1 time per week to a few times per day. Three of the patients rated their overall satisfaction with the results of surgery as 5.2 on a scale of 1-10. Two of the four symptomatic patients previously endorsed resolution of abdominal pain at their initial post-operative visit. Two patients reported seeing a physician other than their surgeon for their persistent symptoms and have undergone further diagnostic testing and procedures.

Conclusions:

Some children with hyperkinetic biliary dyskinesia may benefit from cholecystectomy. However, a high ejection fraction does not correlate with symptom resolution.