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**CHOLECYSTECTOMY IN INFANCY, CHILDHOOD, AND ADOLESCENCE**

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**Purpose:** Although diseases of the gallbladder have been considered uncommon in the pediatric age group, the number of cases for cholecystectomy has increased during the past decades. Pediatric surgeons now should consider gallstones or cholecystitis in the differential diagnosis for every child or adolescent with abdominal pain, and it is important to recognize the features of diseases of the gallbladder in children. With such reasons, we reviewed our experience of pediatric cases of cholecystectomy.

**Method:** Patients under 20 years of age who required cholecystectomy at the Jikei University Hospital from January 1980 through December 2001 were reviewed. Surgery for choledochal cyst, and patients with biliary atresia were not included in this series. In each case, age, sex, clinical presentation, predisposing factors, surgical approach, postoperative outcome and duration of hospital stay after the surgery were reviewed.

**Results:** Totally 19 cases underwent cholecystectomy during the period. Twelve cases were male and 7 were female. The patients ranged in age from 4 months to 19 years, with an average age of 9.3 years. There were two infant cases of cholecystitis (10.5%). One infant had received total parenteral nutrition (TPN), and the other had bile peritonitis with perforation due to biliary tract anomaly. Two children cases, one with cholecystitis and the other had gallstones, had episodes of cardiac anomalies which had already been treated. Fourteen cases (73.7%) had gallstones with or without any clinical symptoms, and 50% of them (37% of all cases) had associated hemolytic disorders. Thirteen cases underwent laparoscopic cholecystectomy (LC), and 6 underwent open cholecystectomy (OC). In all cases, there was no postoperative complications. Postoperative hospital stay after LC ranged from 2 to 9 days, while after OC it ranged from 7 to 42 days.

**Conclusions:** From our results, approximately 60% cases of cholecystectomy are not associated with hemolytic disorders. Many non-hemolytic cases of gallbladder disease for cholecystectomy are associated with predisposing factors such as TPN, starvation, furosemide medication, ileal resection, and biliary tract anomalies. LC appears to shorten postoperative hospital stay in pediatric cases.