

## Which one is reasonable option for necrosectomy of biliary-origin necrotizing pancreatitis immediate or late cholecystectomy?

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### EDITORIAL

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Necrosectomy is a major work for late complications of severe acute pancreatitis (SAP). But immediate or late cholecystectomy still remains controversial when intra- and extra-abdominal necrosectomy of SAP is performed. According to the latest guideline of SAP,<sup>1</sup> late cholecystectomy within one therapeutic period seems to be widely acceptable. However, the viewpoint may lack enough evidence-based support. Hence, immediate cholecystectomy would be of interest and value as poor data of patient-reported was involved before.

As we all well known, biliary-origin cause is the most frequent one of SAP. If the basic pathogenesis isn't removed earlier, the outcome of patient will be deemed to be uncertain. Instead, the patient will suffer from second or even more operation hit and potential of residual complications, such as pseudo pancreatic cyst, which indeed have downgraded the patient's satisfaction and goals.

Based on authors' past 2-year team work, immediate cystectomy via open surgery or dual-endoscope approach

(laparoscopic approach and nephroscopic approach) may be a novel notion to propel advance in SAP. The key to success may depend on the three aspects as below:

- A. What types of patients are more suitable for immediate cholecystectomy? In authors' opinion, high-risk patients (i.e., older age >65-year, morbidity of diabetes and instability of general condition, etc.) may not be suitable indication of surgery. Otherwise, the extensive surgical procedures including immediate cholecystectomy and necrosectomy may lead to counterproductive results, such as refractory superinfection, extensive bleeding of tiny vessels, iatrogenic injuries, etc. So, real-time evaluation and personalizing planning for patients with SAP are essential before decision-making for surgery.
- B. What time for surgery? Most experts think those 4-6 weeks later after SAP onset is an appropriate timing for surgical intervention,<sup>2</sup> because at this moment the necrotic tissue reach a peak of liquidity and form a relevant distinct cross-border to identify. In fact, the appearance of frozen abdomen is not so difficult to separate if you find the right gap between them.
- C. How to hold scale to be just perfect when biting or gripping the necrotic tissue? A skilful surgeon will have a sense of density of different tissue via tools touching. Generally, careful bite is needed until an obvious change of texture of tissue is transmitted via tools touching.<sup>3</sup>

Authors for the first time significantly proved that immediate cholecystectomy would be accessible with better outcomes when compared to previous late cholecystectomy.

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**PEER REVIEW**

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**CONFLICTS OF INTEREST**

The authors declare that they have no competing interests.

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