Conservative Treatment of Gall Bladder Perforation is Not the Standard

We congratulate the authors to this case report, the first description of a successful non-operative management of a traumatic gall bladder perforation. They show that this management is possible in a special situation. However, feasibility is not the relevant question. Medical decisions have to minimize the risk of the patient. Therefore, we have not to ask if non-operative management of traumatic gall bladder perforation is possible, but we have to ask, if it is safe. Following diagnosis of a gall bladder perforation laparoscopic verification and cholecystectomy is a safe procedure in most patients.\[1\] In cases with isolated traumatic gall bladder perforation, patients suffer of peritonitis sometimes with a long oligosymptomatic interval.\[2\] In a review of the literature, Jaggard et al. identified free fluid and mild clinical signs of peritonitis following blunt abdominal trauma to be suspicious for this rare injury, reported to be between 1.9% and 2.1% of all abdominal traumas. After discussing the available evidence, the authors advocate a low index of suspicion for performing diagnostic laparoscopy, especially since the incidence of associated visceral injuries in gallbladder trauma is greater than 90%.\[3\] Most patients with non-treated biliary peritonitis become severely ill due to supervening infection while early bile drainage avoids serious complications.\[4\] In conclusion, the described conservative treatment of a traumatic gall bladder perforation is not the standard treatment. Diagnostic laparoscopy, lavage, drainage of the peritoneal cavity with laparoscopic cholecystectomy seems to be a good procedure for these patients.

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REFERENCES