

Acute cholecystitis management at a tertiary care center: are we following current guidelines?

Andrea Spota^a MD, Amir Hassanpour^b BSc candidate, Eran Shlomovitz^{b,c} MD, David Gomez^{c,d} MD, PhD, FRCSC, FACS, Eisar Al-Sukhni^{a,c} MD, MSc, FRCSC

^aDepartment of Surgery, University Health Network, Toronto, ON, Canada

^bDepartment of General Surgery & Department of Vascular Interventional Radiology,
University Health Network, Toronto, Ontario, Canada

^cTemerty Faculty of Medicine, University of Toronto, Toronto, ON, Canada

^dDepartment of Surgery, St. Michael's Hospital – Unity Health, Toronto, ON, Canada

Corresponding author

Andrea Spota

200 Elizabeth St

10 Eaton North, Room 216

Toronto ON M5G 2C4

+1 437 858 1602

a.spota89@gmail.com

ORCID 0000-0002-7058-5089

Acute cholecystitis is associated with dysfunction of any one of the following organs/systems: 1. cardiovascular dysfunction 2. neurological dysfunction 3. respiratory dysfunction 4. renal dysfunction 5. hepatic dysfunction 6. hematological dysfunction
GRADE II (MODERATE) ACUTE CHOLECYSTITIS
Acute cholecystitis is associated with any one of the following conditions: 1. elevated white blood cell count ($>18,000/\text{mm}^3$) 2. palpable tender mass in the right upper abdominal quadrant 3. duration of complaints $>72\text{h}$ 4. marked local inflammation (gangrenous/emphysematous cholecystitis, pericholecystic/hepatic abscess, biliary peritonitis)
GRADE I (MILD) ACUTE CHOLECYSTITIS
Acute cholecystitis does not meet the criteria of Grade III or Grade II acute cholecystitis. It can also be defined as acute cholecystitis in a healthy patient with no organ dysfunction and mild inflammatory changes in the gallbladder.

Tokyo 2018/2013 guidelines severity grading for acute cholecystitis.