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Cholecystolithotomy Combined Armillarisin A versus Cholecystectomy in Cirrhotic Portal Hypertension Patients with Symptomatic Cholelithiasis

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Abstract
Object: To discover whether cirrhotic portal hypertension patients with symptomatic cholelithiasis would benefit from cholecystolithotomy combined with Armillarisin A in the authors' hospital.
Methods: Sixty-one patients with cirrhotic portal hypertension and symptomatic gallstone disease who underwent either cholecystolithotomy combined with Armillarisin A (group A) or cholecystectomy (group B) for cholelithiasis from Feb 2007 to March 2011 were retrospectively reviewed. These patients were undergoing simultaneous procedure for esophageal varices. The operation-relevant information, change of laboratory examination data, postoperative complications and symptoms were analyzed.
Results: There were no significant differences between group A and group B in mean operative time, intraoperative blood loss, time to resume diet postoperatively and length of hospital stay ($P > 0.05$). The hepatic function biochemical profile and Child-Pugh's score at 2 weeks and 1 month after operations were both altered significantly less in group A than in group B (ALT, 0.008, 0.011; AST, 0.006, 0.003; Child-Pugh's score, 0.010, 0.016, respectively). However, at 6 months postoperatively, the changes were not significant ($P > 0.05$). Except for gallstone recurrence and wound infection, occurrences or development of postoperative complications including biliary fistula, liver failure and subphrenic infection showed significant differences between the two groups ($P = 0.037$, $P = 0.041$, $P = 0.019$, respectively). After a mean follow-up of 4.2 years, all patients remain alive. Twenty-seven patients in group A (93%) are free of biliary symptoms.
Conclusion: Cholecystolithotomy combined with using Armillarisin A is a useful treatment for symptomatic gallstones in patients with cirrhotic portal hypertension who are at high risk for cholecystectomy. It preserves gallbladder function and reduces the possibility of liver failure; moreover the rate of recurrent gallstones are relatively low.
Key words: cholecystolithotomy, cholecystectomy, portal hypertension, recurrence, gallstone