

**Is cholecystectomy indicated in asymptomatic children with gall stone?**

Bhaumik K. Asymptomatic Cholelithiasis in Children: Management Dilemma. J Indian Assoc Pediatr Surg. 2021 Jul-Aug;26(4):228-233.

**Aims and objectives:** The incidence of cholelithiasis is now increasing in children. Besides hemolytic diseases, there are also nonhemolytic conditions and idiopathic group. A large number of children belong to asymptomatic group who do not present with gallstone-related symptoms. There is no consensus in the management of these children. The aim of this study is to evaluate the role of elective cholecystectomy in asymptomatic cases to prevent complications which leads to more morbidity.

**Materials and methods:** One hundred and seventy-eight children were treated over a period of 12 years and they were divided into two groups according to their age at presentation. Sixty-four children below 5 years belonged to Group A and 114 children between 5 and 12 years belonged to Group B. About 71.8% of children of Group A and 49.1% of children of Group B were asymptomatic. Cholecystectomy was advised in all cases of Group B and all symptomatic cases of Group A. In Group A asymptomatic cases, ursodeoxycholic acid (UDCA) was given for 6-12 months and followed up.

**ACADEMIC P.E.A.R.L.S**

Pediatric Evidence And Research Learning Snippet



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**Results:** Laparoscopic cholecystectomy was performed in all cases except in five cases where conversion to open surgery was done as there was gross adhesions due to previous laparotomy. Of 46 asymptomatic cases of Group A, the stone disappeared in seven cases, 12 children developed symptoms, and there was no change in 27 patients. Stone reappeared again in three of seven children who were managed later by cholecystectomy. Cholecystectomy was also performed in 12 cases that developed symptoms. In the rest of the 27 children, cholecystectomy was advised after 1 year trial of UDCA. Cholecystectomy was advised in both symptomatic and asymptomatic cases of Group B. Sixteen of 56 asymptomatic cases did not agree for cholecystectomy and 12 of them returned with complications. Endoscopic retrograde cholangio-pancreaticography (ERCP) and stone extraction was performed in four cases. In all the acute cases, cholecystectomy was performed after a period of conservative management.

**Conclusion:** UDCA can be tried in the smaller age group below 5 years, but there is a chance of recurrent stone formation. Elective laparoscopic cholecystectomy should be the choice in all asymptomatic cases to prevent complications.

**Key message:** Asymptomatic cholelithiasis in children should be offered laparoscopic cholecystectomy to prevent complications.

**EXPERT COMMENT**

**“Management of Asymptomatic gall stone in children is controversial. However, evidence is becoming available which suggest high risk of complications and need of elective cholecystectomy. Long term risk of gall bladder cancer is also a potential reason for early surgery, especially in northern India. Laparoscopic cholecystectomy is safe.”**

**Dr Shandip Kumar Sinha**  
Senior Consultant (Pediatric Surgery),  
Madhukar Rainbow Children Hospital, Delhi  
Former Professor (Pediatric Surgery),  
Maulana Azad Medical College, Delhi

With warm regards,

**DR MANINDER S  
DHALIWAL**

**DR. PIYUSH GUPTA**  
IAP NATIONAL  
PRESIDENT 2021

**DR REMESH KUMAR R.**  
IAP PRESIDENT  
2022

**DR BAKUL JAYANT  
PAREKH**  
IAP PRESIDENT  
2020

**DR G.V.  
BASAVARAJA**  
HON. SECRETARY  
GEN. 2021 - 22

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pedpearls@gmail.com

**Reference**

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