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CLINICAL EFFICACY OF A DIFFERENTIATED SURGICAL STRATEGY WITH PRIORITY USE OF MINIMALLY INVASIVE INTERVENTIONS IN ACUTE DESTRUCTIVE CHOLECYSTITIS

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Relevance

In destructive forms of acute cholecystitis, conversion, bile duct injury and postoperative complications remain frequent, and the management of high-risk patients is unresolved. Evidence is needed on whether a differentiated strategy prioritizing minimally invasive interventions improves both immediate and long-term outcomes compared with the traditional open approach.

Material and methods

Outcomes were compared between a main group (n=168) treated with a differentiated minimally invasive strategy (videolaparoscopic cholecystectomy, mini-access cholecystectomy and microcholecystostomy) and a comparison group (n=113) treated with open cholecystectomy. Postoperative complications, severe complications (Clavien–Dindo III–V), hospital stay and quality of life (GIQLI) at 12 months were assessed.

Results and discussion

The differentiated strategy reduced the overall postoperative complication rate from 38.1% to 20.8% (p=0.002) and severe complications (Clavien–Dindo III–V) from 15.0% to 6.0% (p=0.020). The mean hospital stay decreased from 10.6 to 7.4 bed-days (p<0.001), and quality of life at 12 months was higher in the main group (GIQLI 125.7 vs 118.4 points; p<0.001). The odds ratio for severe complications



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under the main strategy was 0.48 (95% CI 0.25–0.91). The shorter hospital stay (by 3.2 bed-days) and the lower complication rate provided appreciable economic savings.

Conclusion

A differentiated surgical strategy with priority use of minimally invasive interventions significantly improves the immediate and long-term results of treatment in acute destructive cholecystitis, reducing complications, severe adverse events and hospital stay while improving quality of life. It can be recommended for wider clinical implementation.