

## 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.<sup>[1]</sup> In cases with isolated traumatic gall bladder perforation, patients suffer of peritonitis sometimes with a long oligosymptomatic interval.<sup>[2]</sup> 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%.<sup>[3]</sup> Most patients with non-treated biliary peritonitis become severely ill due to supervening infection while early bile drainage avoids serious complications.<sup>[4]</sup> 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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