World J Surg (2019) 43:1184
https://doi.org/10.1007/s00268-019-04949-5

REPLY, LETTER TO THE EDITOR

Authors' Reply: Routine Pathology and Postoperative Follow-Up are not Cost-Effective in Cholecystectomy for Benign Gallbladder Disease

Pim B. Olthof[1,2] · Madelon M. E. Metman[1] · Daphne Roos[1] · Jan Willem T. Dekker[1]

Published online: 13 February 2019

We would like to thank Garg et al. for their comments on our recent article. [1] None of the included patients had a preoperative suspicion of gallbladder cancer (GBC) nor was there an intraoperative suspicion GBC in any of the patients. Therefore, the four diagnoses of GBC in the study can be considered incidental gallbladder carcinomas.

We agree the incidence of gallbladder cancer [2] and other biliary malignancies [3] varies between the Eastern and Western parts of the world. Therefore, the conclusion from our analysis that suggests a selective approach by sending only macroscopically abnormal gallbladders specimens for pathology might only be applicable to Western centers. A large prospective nationwide study that could conform these results is currently recruiting and might also tell us whether surgeons can sufficiently macroscopically examine gallbladder specimens. [4]

Whether it is the patients' decision to send a resected specimen for pathology or not is an interesting discussion. We do not agree with Garg et al.; it should be left to the patient. Although the decision to send a specimen for pathology must be carefully considered for every patient, we as doctors also have a responsibility toward society here. Uncertainty is unfortunately an inseparable part of medicine, but cost-effectiveness is essential to keep healthcare systems affordable. In our opinion, 'defensive medicine' and 'ask, and you shall receive' should not be part of modern medicine.

References

1. Olthof PB, Metman MJH, de Krijger RR et al (2018) Routine pathology and postoperative follow-up are not cost-effective in cholecystectomy for benign gallbladder disease. World J Surg 42:3165–3170. https://doi.org/10.1007/s00268-018-4619-5
2. Randi G, Franceschi S, La Vecchia C (2006) Gallbladder cancer worldwide: geographical distribution and risk factors. Int J Cancer 118:1591–1602
3. Olthof PB, Miyasaka M, Koerkamp BG et al (2018) A comparison of treatment and outcomes of perihilar cholangiocarcinoma between Eastern and Western centers. HPB (Oxford)
4. Bastiaenen VP et al (2018) Safety and cost-effectiveness of selective histopathological examination of appendices and gallbladders. FANCY trial. Dutch Trial Register. NTR7151. http://www.trialregister.nl/trialreg/admin/rctview.asp?TC=7151. Accessed 24 Jan 2019

✉ Pim B. Olthof
p.b.olthof@amc.nl

[1] Department of Surgery, Reinier de Graaf Gasthuis, Delft, The Netherlands

[2] Department of Surgery, Amsterdam University Medical Center, University of Amsterdam, Meibergdreef 9, 1105AZ Amsterdam, The Netherlands