

in comparison with 7.1% with those with less than 3mm gallbladder wall thickness with highly significant p-value (0.003) while in group 2, 40% of patients with gallbladder wall thickness more than 3mm and 12.9% of them less than 3mm wall thickness were converted to open with significant p-value (0.033) and this is parallel to the study of Brodsky *et al* who found that the gallbladder wall thickness associated with a conversion rate of 58%<sup>(24)</sup> while study of Khan *et*

*al* found that the conversion rate was significantly high (33% versus zero;  $P = 0.01$ ) if the gallbladder wall was thickened<sup>(23)</sup>.

In conclusion, the identification of certain risk factors for conversion from laparoscopic to open cholecystectomy preoperatively such as male gender, age more than 40 years, onset of symptoms, gallbladder wall thickness can help the surgeon to plan and counsel the patients about the conversion rate.

**Table 7. Relation between clinical history and conversion in acute cholecystitis**

Clinical history		Lapchole		Conversion		P value
		No.	%	No.	%	
Pain	Positive	50	100	17	100	
	Negative	0	0	0	0	
Murphy's sign	Positive	45	90	14	31.1	0.401
	Negative	5	10	3	60	
Temp. > 37.5°C	Positive	67	74.4	8	11.9	0.328
	Negative	23	25.6	5	21.7	
Onset of symptoms	> 3 days	10	20	7	70	0.05
	< 3 days	40	80	10	25	

**Table 8. Relation between the results of abdominal ultrasound and conversion**

US results		Lapchole		Conversion		P value
		No.	%	No.	%	
Wall thickness	> 3mm	20	22.2	8	40	0.033
	< 3mm	70	77.8	9	12.9	
Distended gallbladder	Positive	50	55.6	10	20	0.803
	Negative	40	44.4	7	17.5	
Number of gallstones	Multiple	67	74.4	12	17.9	0.740
	Single	23	25.6	5	21.7	

## References

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