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costs relies on multiple variables. Laparoscopic cholecystectomy on ambulatory basis (LCA), may result in a better use of resources without an impact on assistance quality. Nevertheless, this is not a widespread procedure on Spanish surgical services. Our objective is to determine the theoretical applicability of LCA within patients included in SWL in a level II hospital prior carrying out a LCA program.

**Methods:** Observational study. Exclusion criteria for LCA are: >65 years old, ASA>II, acute cholecystitis, acute pancreatitis or previous ERCP, living >50 km from hospital, impossibility to undergo laparoscopic surgery or the need to undergo more than one surgery at a time.

**Results:** There are 242 patients on SWL for LCA. 156 are women. Median age is 57.36. The main cause of exclusion is > 65 years old (31% from all patients), followed by distance home-hospital >50km (15.7%), previous acute cholecystitis (14.05%) or biliary pancreatitis (7%), anesthetic risk (ASA III) (11.16%), ERCP prior to surgery (11.16%), and the need to perform another surgery on the same act (0.83%). Patients candidate for LCA are 124, which entails that the 51.24% of patients on SWL for cholecystectomy are potentially aspirant for LCA.

**Conclusion:** Potential LCA in our hospital is 51.24%, which may result on an important decreasing of hospital admissions without detriment on theoretical surgical results. In our series, main limiting factor is age that reflects characteristics of our Department population.

**EP238**

**GALLBLADDER NEOPLASM:**

**ADVANCING IS DIFFICULT. STUDY OF 41 CASES**

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**Introduction:** Gallbladder neoplasm is the most common biliary tract neoplasm. The overall prognosis remains poor with a 5-year actuarial survival of less than 15%.

**Objective:** Describe our series of gallbladder neoplasm with a review of the critical points that can determine the results.

**Material and methods:** From May 2009 to June 2020, 41 patients with gallbladder neoplasm have been diagnosed in our center. All cases were discussed in a multidisciplinary committee and prospectively included in a database for further analysis.

**Results:** Of 41 patients, 9 (22%) were men and 32 (78%) women, with a mean age of 75.7 +/- 7.7 years (range 60-87). In 17 cases (41%) there was clinical suspicion, 7 being operated on and radical surgery performed in 2. The diagnosis was incidental in 24 patients (59%), 3 with intraoperative suspicion and 21 after the analysis of the piece. In 10 cases the surgery was radical. Therefore, of the 41 patients, 12 (29%) received the appropriate treatment according to their stage (simple cholecystectomy or Ivb-V bisegmentectomy + hilar lymphadenectomy). There was no postoperative mortality and morbidity was 16.6% (2 patients). Stages 0 and 1 (9/41 patients) were not considered chemotherapy tributaries. Only 6 of the 32 remaining cases received gemcitabine-based chemotherapy. Disease-free survival (excluding T in situ) was 76%, 51%, 51%, and 51% at 1, 3, 5, and 10 years, respectively. Actuarial survival (excluding T in situ) at 1, 3, 5, and 10 years was 29%, 19%, 14%, and 14%, respectively.

**Conclusions:** Currently, improving gallbladder neoplasm survival should be based on selecting patients for radical surgery through an individualized multidisciplinary assessment, considering current surgical results and their morbidity and mortality, as well as complementary neoadjuvant and adjuvant therapies.

**EP239**

**COMPLICATION IN TIME OF COVID-19: BILOMA**

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**Purpose:** After declaration of international health alert for COVID-19 pandemic, the diagnosis of non-viral diseases has decreased. “Stay at home” advice and the risk of coronavirus infection makes the patient afraid to approach hospital emergency department.

Here is presented a rare complication related to gallbladder perforation with fistula to abdominal wall. A consequence of a subacute cholecystitis which the patient did not came earlier to hospital because of the risk of virus infection.

**Methods:** A 64-year-old woman developed an asymptomatic abdominal tumour located in the right hypochondrium, measuring 20 centimetres, which had been present for 3 weeks.

A CT scan was performed showing an intermuscular cystic tumour in abdominal wall and hepatic subcapsular region. They were identified a perforation of the gallbladder fundus with a fistulous trajectory towards the abdominal wall and a dilatation of the left intrahepatic bile duct, secondary to extrinsic compression.

Subsequently, percutaneous drainage of the collection was performed. Followed by scheduled cholecystectomy, which revealed a perforated and inflamed gallbladder and a large cavity with a pyogenic capsule.

The anatomical pathology of the specimen was described as chronic cholecystitis. The patient evolved satisfactorily after operation and was discharged on the 2nd postoperative day.
Results: After the start of quarantine, there has been a decrease in the number of visits to the emergency department. Acute pathologies such as cholecystitis present at diagnosis with more advanced and severe degrees of evolution compared to those diagnosed before the pandemic.

Gallbladder perforation occurs in 12% of acute cholecystitis, with a mortality rate of 16%. In our case, according to Neimeier’s classification, it is a subacute perforation type II (frequency 45.9%) with a pericholecystic collection and fistulization towards the abdominal wall, an unusual presentation.

Conclusion: The new global epidemiological situation causes fear of infectious-contagious state to prevail over the appearance of new symptoms. This favours a delay in the diagnosis and treatment of acute and chronic pathologies, which then manifest in the patient in more advanced stages and require more complex treatments.

EP240
LAPAROSCOPIC CHOLECTECTOMY-INDUCED BILE DUCT INJURIES – SURGICAL REPAIR EXPERIENCE AT A REFERRAL CENTER

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Purpose: Bile duct injuries (BDI) are amongst the most feared iatrogenic injuries associated with laparoscopic cholecystectomy (LC) and entail high morbidity. Early diagnosis is crucial to improve surgical repair success which should be performed at high volume specialized centers. The authors review the surgical repair of laparoscopic cholecystectomy-induced BDI (LC-BDI) performed at their institution.

Method: A retrospective analysis of the surgical repair of LC-BDI from January 2005 to May 2017 was performed. The following parameters were evaluated: type of injury; time from LC to BDI diagnosis and to surgical repair; surgical repair procedure; and postoperative morbidity and mortality.

Results: During the study a group of 35 patients was identified, from which 57.1% were referred from other hospitals. Mean age was 56.1 ± 14.4 and 60% of the patients were female. Intra-operative BDI diagnosis was made in 9 patients (25.7%); early after the surgery (< 6 days) in 15 patients (42.9%) and late after the surgery (> 6 days) in 11 patients (31.4%). Classification of the BDI according to the Bismuth classification: type I, 15%; type II, 50%; type III, 19%; type IV, 12%; and type V, 4%. Median time to surgical repair was 20 days. The following surgical repair procedures were performed: hepaticojunostomy, 16 (45.7%); hepaticoportoenterostomy, 6 (17.1%); hepatococholedocostomy, 3 (8.6%); choledocojunostomy, 3 (8.6%); drainage, 3 (8.6%); choledococoduodenostomy, 2 (17.2%); choledocho-choledocostomy, 1 (8.6%); and choledocal suture, 1 (8.6%). The initial surgical repair was curative in 77.1% patients, with the remaining patients needing additional procedures (endoscopic, percutaneous, or surgical). There were 2 deaths (5.7%).

Conclusion: Despite the decrease in LC-BDI rate they remain a significant complication and many times recognized at a late time and carrying higher morbidity. Prevention should be the main focus, but in case of an injury early diagnosis and treatment in a specialized center is fundamental.

EP241
SYNCHRONOUS GALLBLADDER CANCER AND CHOLANGIOCARCINOMA: BAD LUCK OR GOOD CHANCE?

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Introduction: Biliary cancers are a diverse group of tumors that arise from the biliary duct epithelium, that includes from intrahepatic or extrahepatic cholangiocarcinoma to gallbladder cancer. Despite improvements in treatment and diagnosis, they are often diagnosed at an advanced stage and associated with poor prognosis with limited treatment options. Simultaneous presence of cancer in the gallbladder and in the biliary tree could be due synchronous malignancies, local invasion (peri-neural, lymphatic or vascular) or to metastasis.

Methods: Case report of synchronous gallbladder cancer and cholangiocarcinoma and literature review.

Results: The authors present a clinical case of a 68 years old male patient referred to our hepatobiliary surgery unit because of an suspicious polyp on the anterior wall of the gallbladder diagnosed by ultrasound. MRI described a simple gallbladder polyp and no other doubtful findings. Patient was submitted to a laparoscopy cholecystectomy. Histopathology reveled a gallbladder adenocarcinoma. Patient was proposed to hepatoduodenal ligament lymphadenectomy and hepatic segmentectomy, of IV and V segments. There were no metastatic lymph nodes but a intrahepatic cholangiocarcinoma was noticed. Histopathology and metastatic workup revealed a moderately differentiated gallbladder adenocarcinoma (T2a G2 N0 ILV0 IPN0 M0) and moderately differentiated intrahepatic cholangiocarcinoma (T1a N0 ILV0 IPN0 M0).

Conclusion: It is possible for two different foci of malignancy to arise within the same dysplastic environment. In this case, the absence of continuousness between the two tumors, the nonexistence lymph node extension, vascular or peri-neural invasion favors the hypothesis of synchronous neoplasms. It is essential for the clinician, as well as, the pathologist to maintain a high index of suspicion while evaluating such lesions.

EP242
SUCCESSFUL RECONSTRUCTION OF BILE DUCT INJURY IN COVID 19 PATIENT: A CASE REPORT

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