

EFFICACY OF LAPAROSCOPIC CHOLECYSTECTOMY FOR BILIARY HYPERKINESIA, AN UNDER RECOGNIZED DISORDER

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Introduction: Biliary dyskinesia includes both hyper- and hypokinesia. The more well-studied, biliary hypokinesia, is defined by gall bladder ejection fraction (EF) <40% on Hepatobiliary Iminodiacetic Acid (HIDA) with cholecystokinin (CCK) in the absence of structural pathology. Less commonly recognized is biliary hyperkinesia, defined by EF >80%. Recent studies suggest that patients with hyperkinesia may benefit from cholecystectomy, yet no consensus guidelines exist. We aim to contribute to the literature demonstrating the efficacy of cholecystectomy in biliary hyperkinesia and highlight a key issue in timely diagnosis and surgical referral.

Methods & Analysis: We conducted a single institution, retrospective review of patients with biliary hyperkinesia undergoing cholecystectomy from 2020 to 2025. Biliary hyperkinesia was defined as biliary pain, without gallstones, sludge or structural pathology and a gallbladder EF > 80% on HIDA 60 minutes after CCY stimulation. Primary outcomes included time to diagnosis, time to surgical evaluation, and postoperative symptom improvement. Demographics, comorbidities, presenting symptoms and diagnostic timelines were obtained via chart review. Symptom resolution was assessed through follow-up survey.

Table 2. Average time (months) of patient symptoms, time from US to HIDA and HIDA to surgeon evaluation.

Symptom Duration	23.25
Initial US to HIDA	17.4
HIDA to Surgical Evaluation	7.5

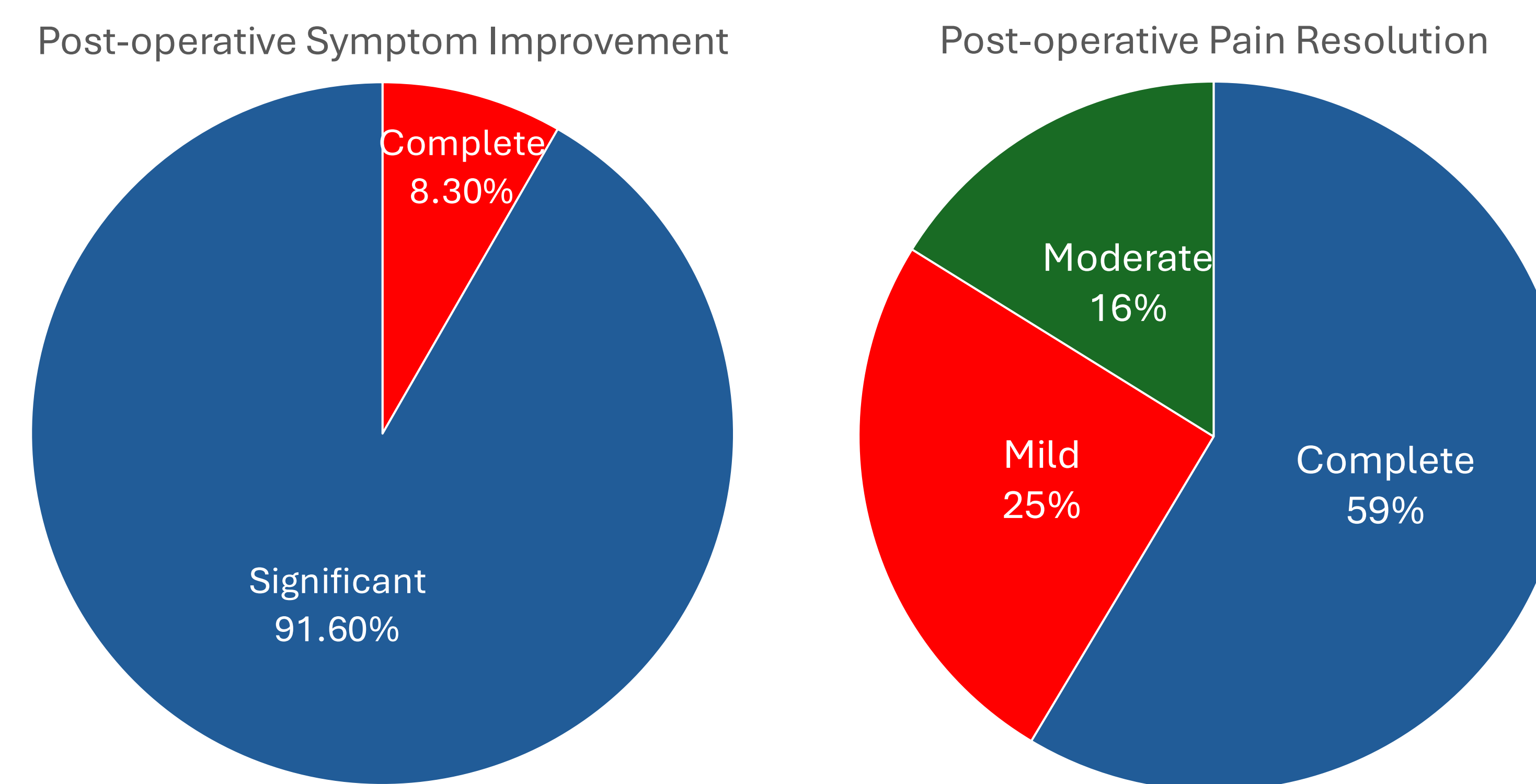


Figure 1. Patient reported outcomes following laparoscopic cholecystectomy for biliary hyperkinesia. A) Reported post-operative symptom improvement. B) Reported scale of post-operative pain resolution.

Results: Nineteen patients met inclusion criteria. The average age was 49.3, with 16 females (84.2%) and 3 males (15.8%). The most common ultrasound finding was hepatic steatosis and the average gallbladder EF was 93%. No major surgical complications were observed. The most common pathology was chronic cholecystitis at 89.4%. Of the 19 patients, 12 completed postoperative follow-up surveys at a mean interval of 24 months. Fifty-eight percent of patients had complete resolution of preoperative pain, while 25% had mild and 16.7% moderate residual pain. The majority of patients noted complete resolution of nausea (66%) and vomiting (83%). Overall, 91.6% of patients experienced significant symptom improvement, with 8.3% reporting complete resolution of all preoperative symptoms. Quality of life greatly improved in 66.6% of patients and 91.6% of patients stated they would choose to undergo the operation again.

Conclusion: Laparoscopic cholecystectomy is an effective treatment for biliary hyperkinesia. Despite prolonged symptom duration and delays in diagnosis, the majority of patients experienced significant improvement or resolution of symptoms. These findings highlight the importance of recognizing biliary hyperkinesia as a distinct entity and suggest that timely referral for surgical evaluation can significantly improve quality of life.