

A 35-year-old woman with adenomyomatosis of the gall bladder

Commentary by **THOMAS B. HUGH** FRCS, FRACS

One of my patients, a 35-year-old woman, recently had some short-lived, fairly mild pain in the right upper quadrant. Physical examination and liver function tests were normal. An upper abdominal ultrasound was reported as showing adenomyomatosis of the gallbladder. Does the gall bladder need to be removed?

Commentary

Adenomyomatosis of the gall bladder is a non-neoplastic condition in which there is hyperplasia of the mucous membrane and extension of the glandular structures into the muscularis of the gall bladder wall, associated with muscle hypertrophy. The protrusions of the mucosa are like small diverticula, and are known as Rokitansky–Aschoff sinuses. The condition probably arises on a basis of increased pressure in the gall bladder lumen, possibly due to a neurogenic dysfunction either in the neck of the gall bladder or in the common bile duct.

The condition may be focal (usually in the fundus in the gall bladder) or diffuse, and it has been found in 30 to 35% of surgically removed gall bladders. Adenomyomatosis is therefore often noted in association with gallstones, but there does not seem to be any causal link between the two conditions. Although adenomyomatosis is often asymptomatic, it may cause biliary pain, even in the absence of gallstones, presumably as a result of the underlying motility disorder in the gall bladder. Cholecystectomy relieves pain in 90% of patients, reinforcing the view that adenomyomatosis may, in some subjects, be a genuine cause of symptoms. Symptoms are rarely severe, however, and there is no risk of the life-threatening complications that may occur in symptomatic gallstones.

Although there has been a long-held view that the condition is not premalignant, this has been challenged in the past decade by isolated case reports of gall bladder carcinoma arising in areas of adenomyomatosis.¹ However, this appears to be such a rare occurrence that, of itself, it is not an indication for cholecystectomy.

In the case of the patient described above, the symptoms have been mild, and the gall bladder does not need to be removed unless the symptoms worsen. However, even if no further symptoms appear, it might be prudent to repeat the ultrasound examination from time to time because of the remote risk of cancer. **MT**

Reference

1. Katoh T, Nakai T, Hayashi S, Satake T. Noninvasive carcinoma of the gallbladder arising in localized type adenomyomatosis. *Am J Gastroenterol* 1988; 83: 670-674.

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