How I deal with patients with gallbladder polyps

THOMAS J. HUGH MD, FRACS

Gallbladder polyps usually do not cause symptoms, but in some cases the possibility of malignant change will be of concern. In this article, Dr Hugh describes his approach to helping patients with gallbladder polyps.

Remember

- Improvements in ultrasound technology have resulted in gallbladder polyps being detected more frequently than in the past, with the majority found coincidentally while looking for other pathology.
- Gallbladder polyps affect both sexes equally. They are more frequent after the third decade of life.
- Risk factors for polypoid lesions of the gallbladder include chronic cholecystitis, a high cholesterol diet and the presence of gallstones.
- The majority of patients with gallbladder polyps are asymptomatic. However, up to 10% of patients have associated microcalculi, which may cause biliary symptoms.
- The concern with gallbladder polyps is the potential for malignant change. Only true gallbladder adenomas can become malignant, and the risk of change increases with the size of the lesion. It is usually not possible to distinguish benign from malignant polyps preoperatively, particularly if they are less than 10 mm in diameter.
- Cholesterol polyps are the most frequently encountered type of gallbladder polyp and have no malignant potential. Adenomyomatosis of the gallbladder (extension of Rokitansky–Aschoff sinuses through the muscular wall) is also common and may mimic small polyps. True polypoid adenomas and carcinomas of the gallbladder are rare.
- Malignant change within a polyp is more likely in patients over 50 years of age and in lesions greater than 10 mm in diameter.

Dr Hugh is Senior Lecturer in Upper Gastrointestinal Surgery, Royal North Shore Hospital, Sydney, NSW.

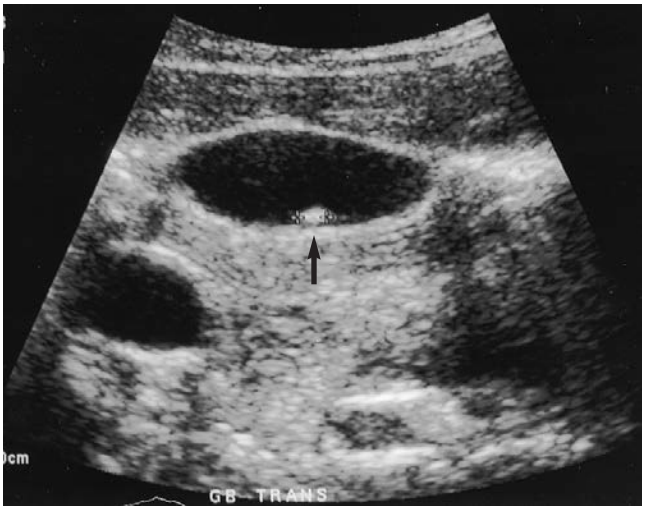

Figure. Ultrasound scan showing a small gallbladder polyp detected during imaging performed for another reason.

Assessment

- Gallbladder polyps are best detected by routine ultrasonography. Polyps have strong echogenic signals similar to calculi, but remain fixed with changes in posture. They may be single or multiple. CT scanning does not usually provide any more information than that obtained from a good ultrasound scan.
- A careful clinical history is important to elicit biliary symptoms that might be attributable to associated gallstones.
- Attempts should be made to obtain previous ultrasound scans to enable comparisons about the size or number of polyps.
- Liver function tests or serum tumour markers are usually not helpful when assessing simple polypoid lesions of the gallbladder that are less than 10 mm in diameter.

Management

- Asymptomatic patients with simple gallbladder polyps less than 10 mm in diameter do not require cholecystectomy. These patients should be followed with ultrasound examination every six months for a period of two years to look for changes in the size or characteristics of the polyps.
- Symptomatic patients with polyps less than 10 mm in diameter should be offered laparoscopic cholecystectomy, provided that the symptoms are biliary in nature. Atypical symptoms should be investigated further before attributing the symptoms to the polyp (an endoscopy may be helpful in ruling out other pathology).
- Polyps greater than 10 mm in diameter are more likely to be malignant than smaller lesions; patients with polyps of this size might benefit from referral to a suitably experienced biliary surgeon. MT