Managing Gallbladder Polyps

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Over the last few years I've been increasing asked about the the management of patient's with gallbladder polyps. They are commonly detected on ultrasound scans of the abdomen, with a prevalence estimated between 0.3 and 9.5% and are more common in women [1]. I have summarised modern management below.

They can be divided in to two groups - true polyps and pseudo polyps. The latter are of no cause for concern, however the former do have a malignant potential and thus a clear management plan needs to be in place for these patients. As a general rule polyps are asymptomatic and most commonly found incidentally.

Gallbladder cancer, most commonly adenocarcinoma, is a relatively rare form of cancer, and is seen in less than 0.002 to 0.016% Western population. Gallbladder cancer carries a poor prognosis once it becomes advanced with 5-year survival less than 25% if tumour perforates the serosa (T3) or regional lymph nodes are involved (N1) (stage III). If the cancer is confined to the muscularis mucosa (stage I) or perimuscular connective tissue (stage II) the 5-year survival rates are much more favourable at 100% and 57–72%, respectively. It is important, therefore, that gallbladder cancer is detected and managed early. As gallbladder polyps are common but gallbladder cancer is rare, it is a diagnostic challenge to determine which polyps are likely to be malignant or undergo malignant transformation in order to determine which patients require cholecystectomy [2].

There are several features seen on ultrasound that necessitate surgical referral : [3,4]

Size >10mm
Sessile base
GB wall thickening
Rapid growth
Polyps in a high risk growth