Gallbladder Polyps

- Neoplastic: Adenoma, adenoma-carcinoma, miscellaneous (fibroma, lipoma, etc.)
- Nonneoplastic: Cholesterol polyp, adenomyoma, inflammatory polyp, choristoma.
- **Ultrasound**: Immobile echogenic mucosal nodule with no acoustic shadowing
  - Large polyps may show internal color flow vascularity
  - "Comet tail" artifacts suggest cholesterol polyp
  - Although risk of malignancy in small (< 6 mm) polyps is extremely low, some guidelines still recommend surveillance ultrasound

Clinical Issues

- Size is most important predictor of malignancy
  - 100% of polyps > 20 mm are malignant
  - 43-77% of polyps 10-20 mm are malignant
  - 94% of benign polyps are < 10 mm
- Risk factors for malignancy: Age > 60, gallstones, coexistence of primary sclerosing cholangitis (PSC)
- Reassuring factors: Stability over time, multiple polyps, pedunculated (versus sessile) morphology
- Current recommendations
  - Cholecystectomy if patient is symptomatic or has cholelithiasis or PSC (regardless of polyp size)
  - Polyp > 18-20 mm: Open cholecystectomy
  - Polyp 10-20 mm: Laparoscopic cholecystectomy
  - Polyp 6-9 mm: Serial follow-up at 3, 6, and 12 months
  - Polyp ≤ 5 mm: Serial imaging (no consensus; malignancy is extremely rare and some advocate no follow-up)