



# 2<sup>o</sup> Congreso Argentino y Latinoamericano de Cirugía Hepato-Páncreato-Biliar – HPB 2014

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**Polypoid lesions of the gallbladder  
less than 10 mm:  
Operate or observe?**

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- Gallbladder polyps are incidentally detected in approximately 0.3%–12% of patients who undergo ultrasonography.

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1. Jørgensen T, et al. Scand J Gastroenterol 1990; 25: 281-6

2. Lin WR, et al. J Gastroenterol Hepatol 2008; 23: 965-9

## Conduta nas lesões polipoides da vesícula biliar

### Management of polypoid lesions of the gallbladder

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#### RESUMO

Com o aumento do uso da ultrassonografia na prática diária, mais lesões polipoides da vesícula

#### SUMMARY

With the increasing use of percutaneous ultrasonography in modern practice, more polypoid

# Polypoid lesion of the gallbladder

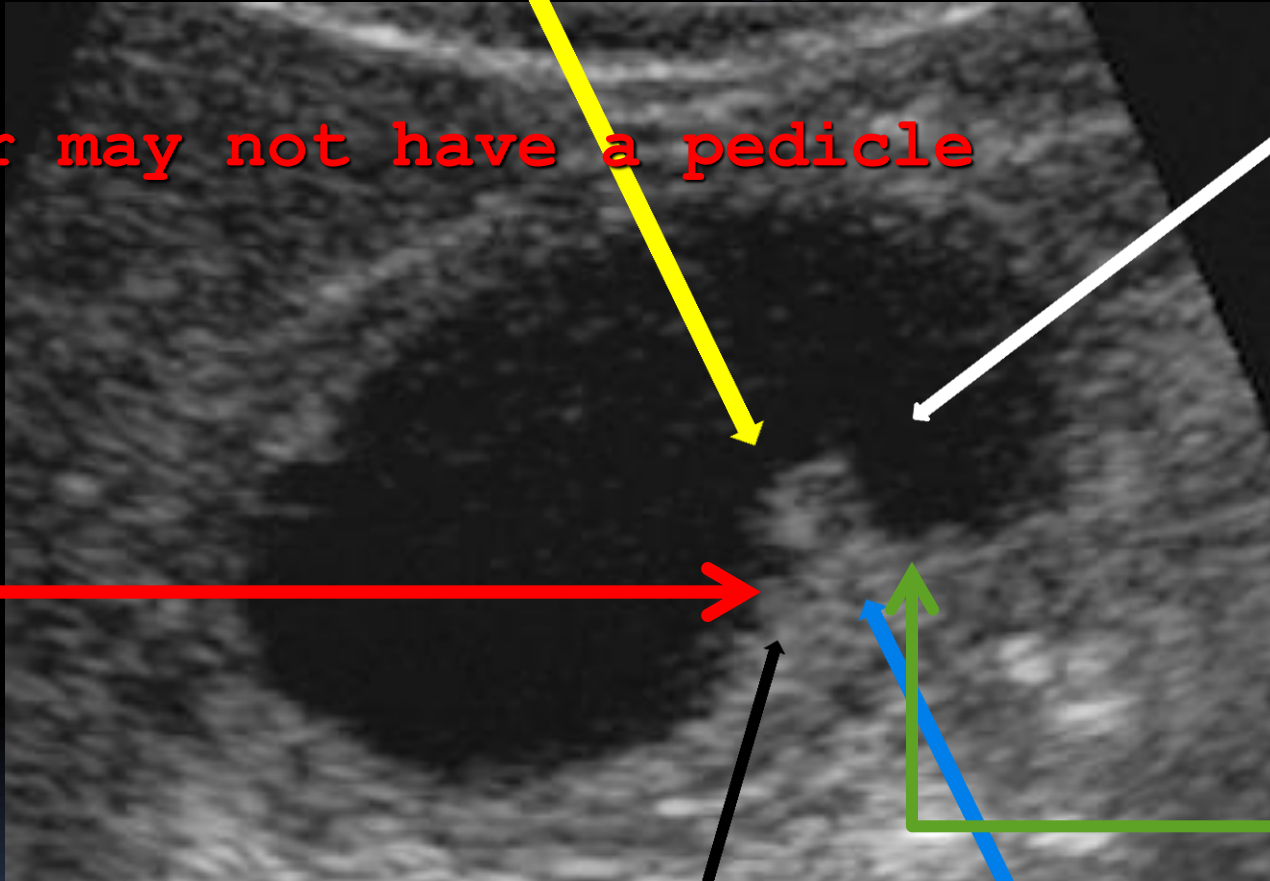
## Sonography:

1. Echogenicity of the gallbladder wall
2. Hyperechoic to bile
3. The lesion projects into the lumen
4. Fixed to GB wall(lacks displacement)
5. May or may not have a pedicle
6. Shows no acoustic shadow

The lesion projects into the lumen

Hyperechoic to bile

May or may not have a pedicle



Shows no acoustic shadow

Echogenicity of the gallbladder wall

Fixed to GB wall(lacks displacement)

# Polypoid lesion of the gallbladder

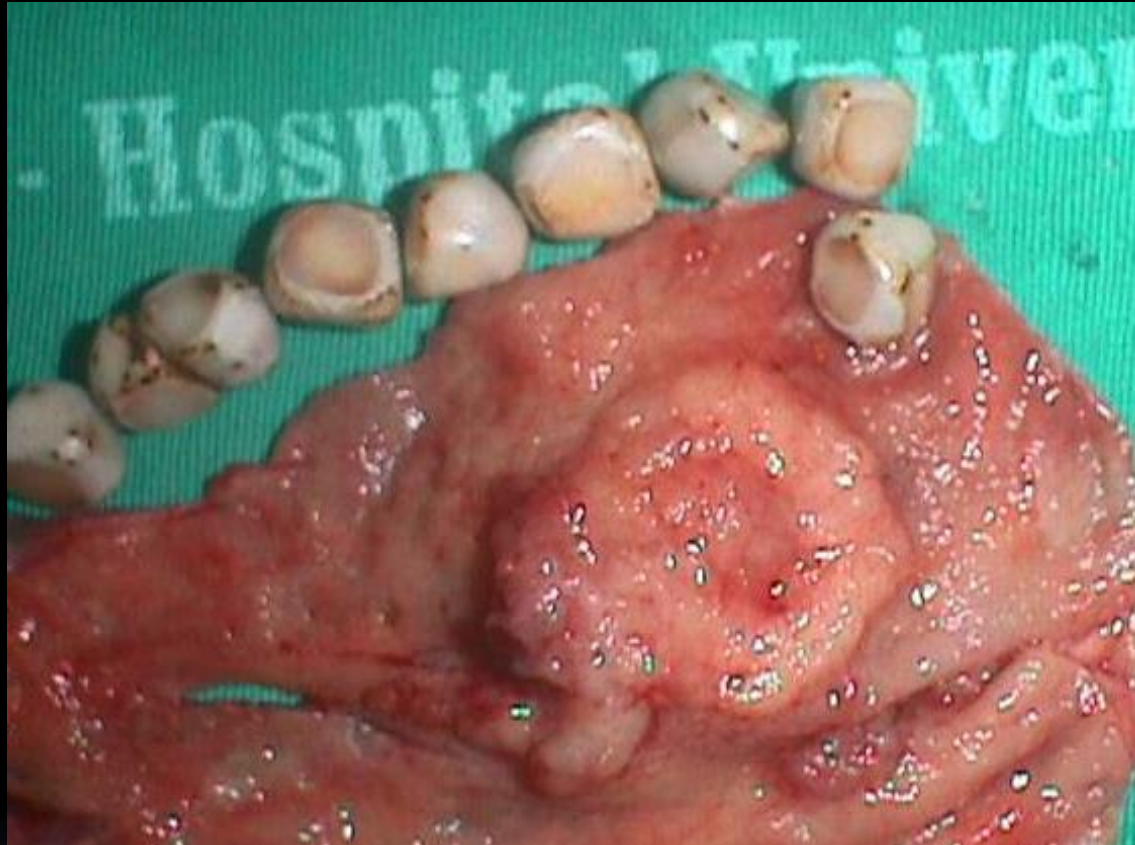
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- N	172	%
- Cholesterol polyp		62,8
- Inflammatory		7,0
- Hyperplasia		7,0
- Adenoma		5,9
- Miscellaneous		9,6
- Malignant		7,7

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Table 2. Histopathologic diagnosis of 291 polypoid lesions of gallbladder

		Histopathologic diagnosis	Number (%)
Benign	Benign tumors	Adenoma	90 (30.9)
	Benign pseudo-tumors	Adenomatous hyperplasia	6 (2.1)
		Adenomyoma	6 (2.1)
		Inflammatory polyp	5 (1.7)
		Cholesterol polyp	149 (51.2)
Malignant	Adenocarcinoma		33 (11.3)
	Metastatic carcinoma		2 (0.7)
Total			291 (100)



- ❑ Rarely, however, these lesions may be neoplastic, and malignant transformation to adenocarcinoma represents a primary concern.

**Figure 1**

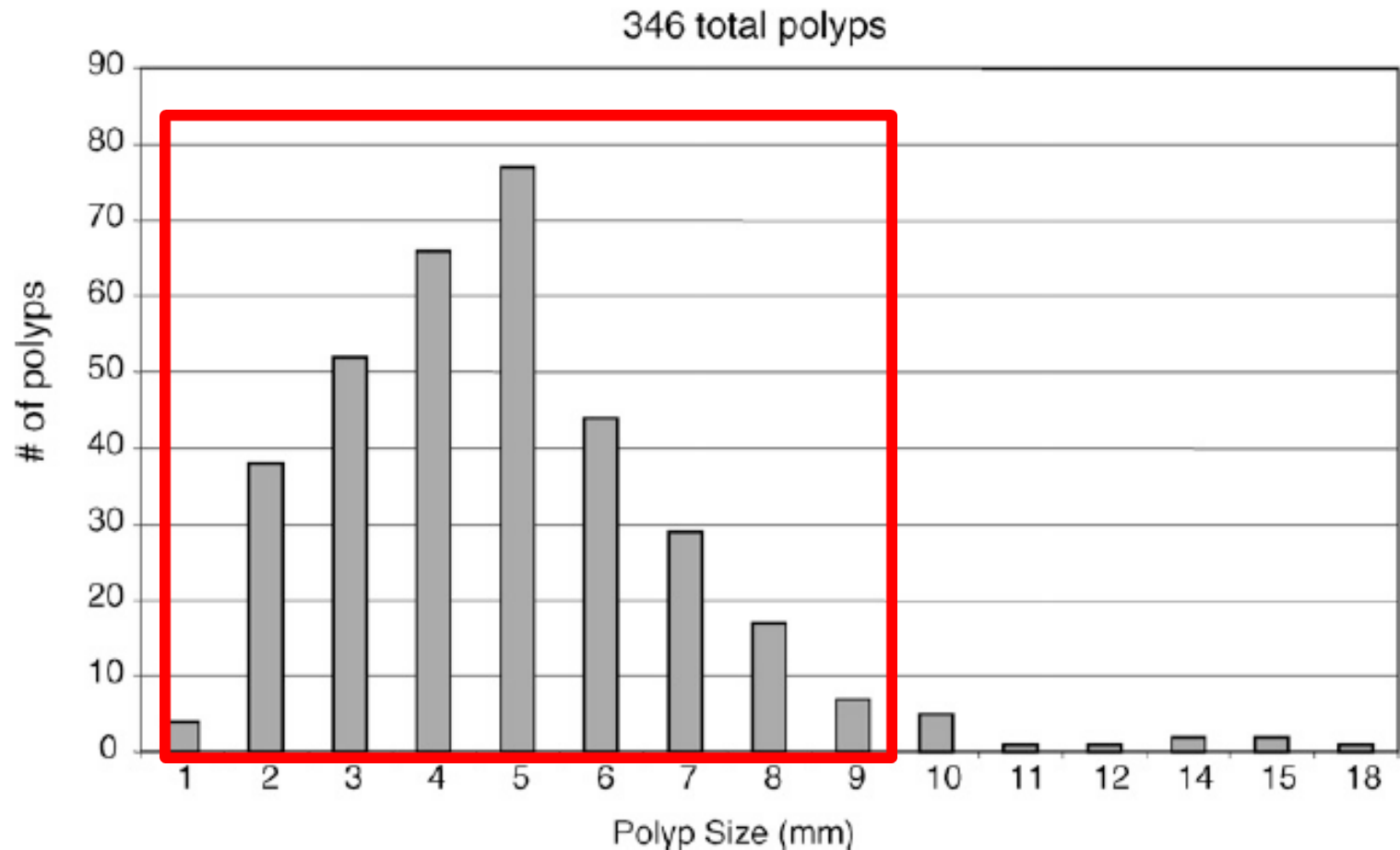


Table 5. Frequency of malignant polyp according to size groups

Size (mm)	Malignant polyp	Total PLG	%
<10	2	156	1.3
10-19	9	94	9.6
≥20	24	41	58.5

\* $P < 0.001$ .

PLG, polypoid lesions of the gallbladder.

**Table 3****Pathologic Diagnoses and US Sizes of the 13 Polypoid Lesions**

Pathologic Finding	No. of Polyps	Size(s) at US (mm)
Cholesterol polyp	3	2, 3, and 4
Cholesterosis	6	2, 3, 3, 5, 6, and 8
Inflammatory polyp with adenomatous change	1	12
Adenoma	1	7
Hyperplastic and metaplastic polyp	1	18
None*	1	4
Total	13	

\* Polyp seen at surgery, but none found at pathologic examination.

# Surgical resection

Widely accepted:

**Polypoid lesions more than 10 mm in size**



- ❑ Number of non-neoplastic polyps that are unnecessarily resected are extremely high.
- ❑ Some clinicians hesitate to recommend an operation based on this guideline.

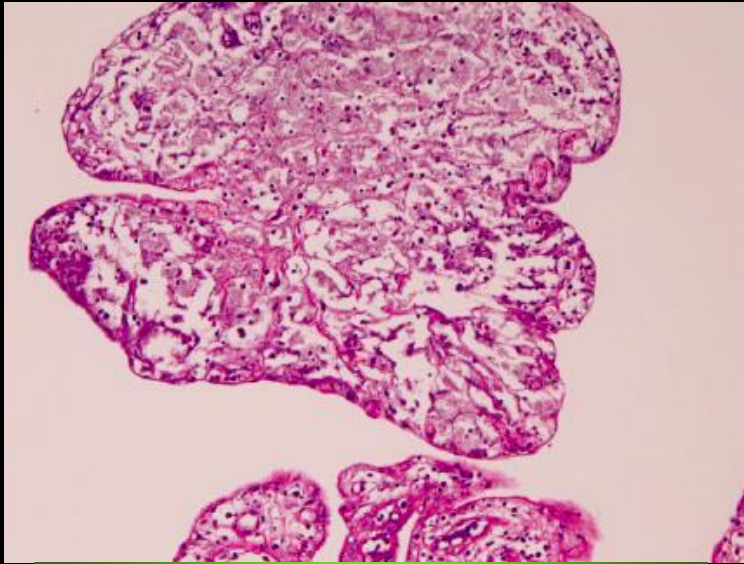
# Gallbladder cancer

## □ The majority:

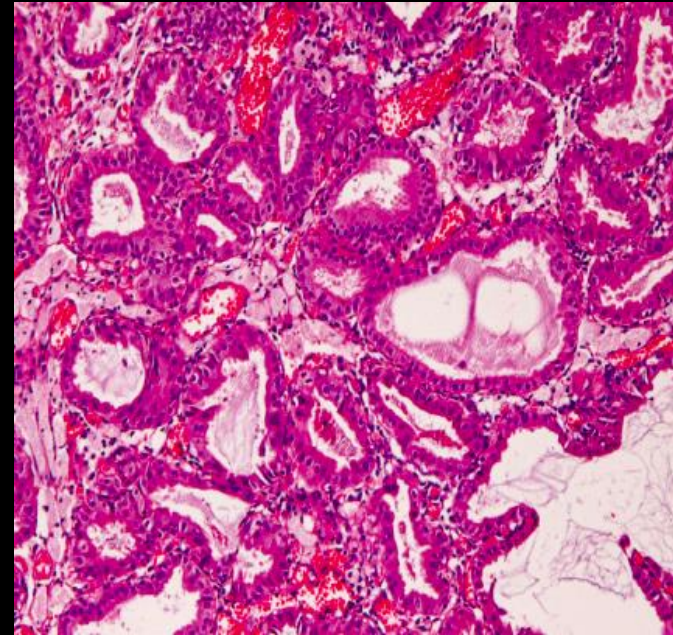
1. Arise from dysplastic flat lesions (not adenomatous polyps)
2. Are morphologically flat and infiltrative (not polypoid)

# Gallbladder cancer

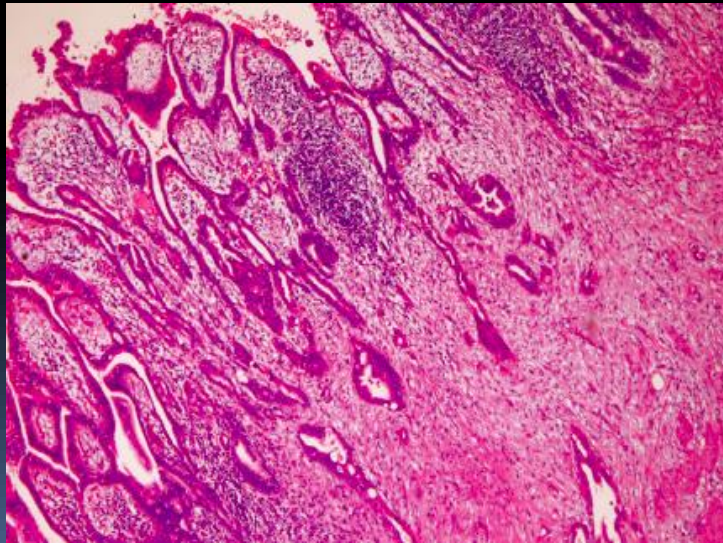
- ❑ There is no clear genetic sequence (as in colonic neoplasia)
- ❑ There is frequently no evidence of adenomatous tissue in specimens of gallbladder cancer
- ❑ Many incidentally detected adenomatous lesions will never progress to carcinoma



Cholesterol polyp



Adenoma tubular  
intestinal



GB adenocarcinoma



# Follow-up

**Table 1**

## **GB Polyp Size Changes at US Follow-up**

Finding	No. of Polyps
Resolved	50 (34)
Decreased	8 (5)
Stable	90 (60)
Increased	1 (1)
Total	149

Note.—Data in parentheses are percentages.

# COLELITÍASE E CÂNCER DE VESÍCULA BILIAR

## CHOLELITHIASIS AND GALLBLADDER CARCINOMA

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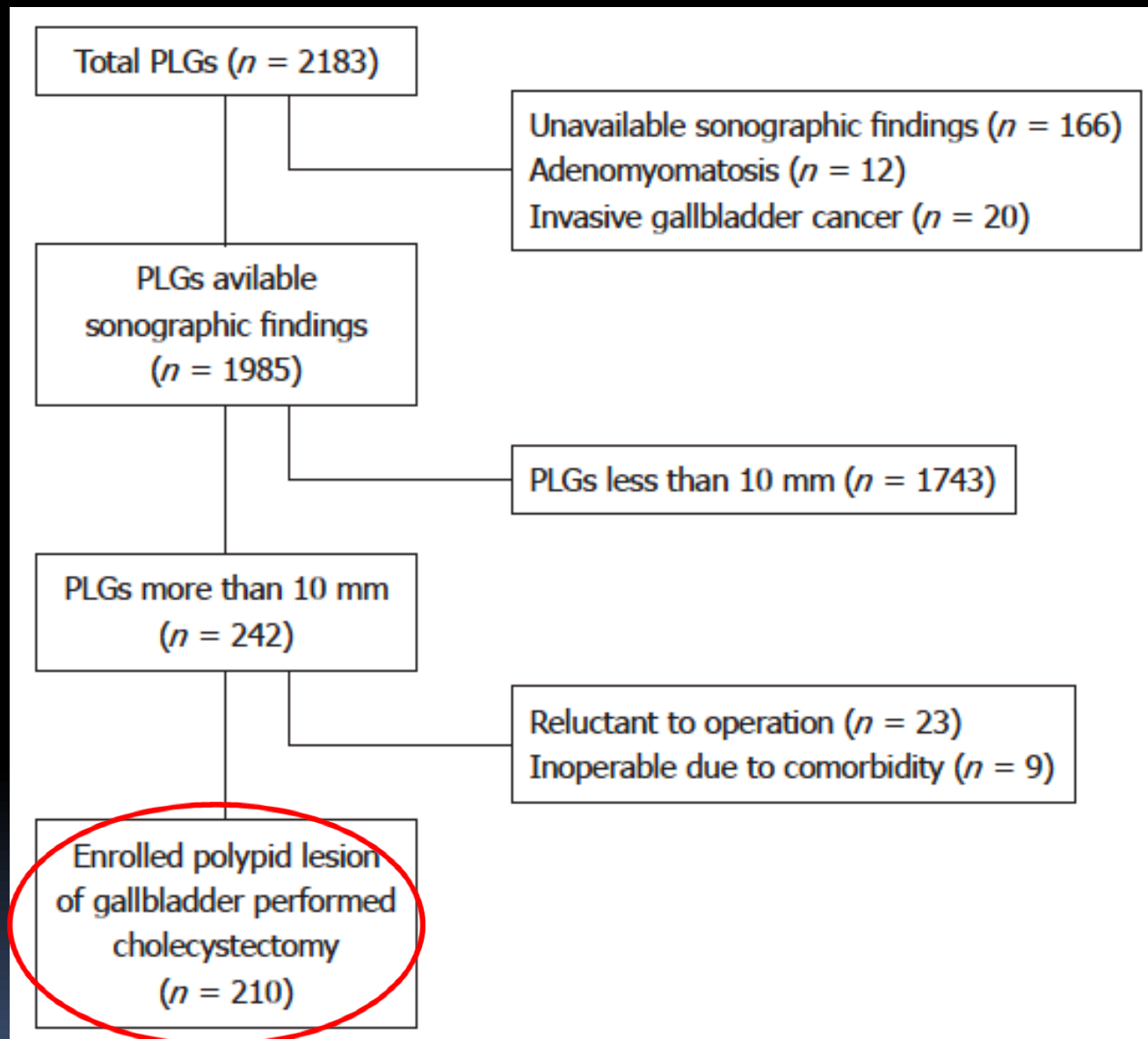
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**RESUMO: Objetivo:** O presente estudo tem por objetivo analisar os achados histológicos da vesícula biliar de pacientes submetidos à colecistectomia eletiva no Hospital Universitário Presidente Dutra, São Luís-MA. **Método:** Foram avaliados 2.008 pacientes, 359 do sexo masculino (17,9%) e 1.649 do sexo feminino (82,1%), com média de idade de 46,3 anos, operados no período de janeiro de 1990 a dezembro de 1998. A vesícula biliar, imediatamente após a colecistectomia era aberta e examinada macroscopicamente pelo cirurgião e em seguida

**Tabela 1**

Resultado do estudo anatomopatológico da vesícula biliar.

	Nº	%
Colecistite aguda	32	1,6
Colecistite crônica	1.928	96,0
Câncer	46	2,3
Adenoma	2	0,1



**Table 2 Results of the multivariate logistic regression analysis for the factors that were significantly associated with neoplastic polypoid lesions of the gallbladder on univariate analysis**

	<b>Hazard ratio</b>	<b>95% CI</b>	<b>P-value</b>
Age $\geq$ 65 yr old	2.27	1.02-5.06	0.044
Gender, male	1.08	0.57-2.51	0.617
DM	2.64	1.15-6.03	0.021
ALT level	1.008	0.99-1.02	0.168
Polyp size > 15 mm	4.94	2.43-10.02	< 0.001
Solitary polyp	0.59	0.26-1.33	0.205
Nodular surface pattern	2.31	0.97-5.50	0.058

DM: Diabetes mellitus; ALT: Alanine transaminase.

- ❑ The size of polyps ( $\geq 15$  mm) is a powerful predictor for neoplastic polyps (OR = 4.94,  $p < 0.001$ ). There was also a similar trend for malignant polyps (OR = 20.55,  $p < 0.001$ ).

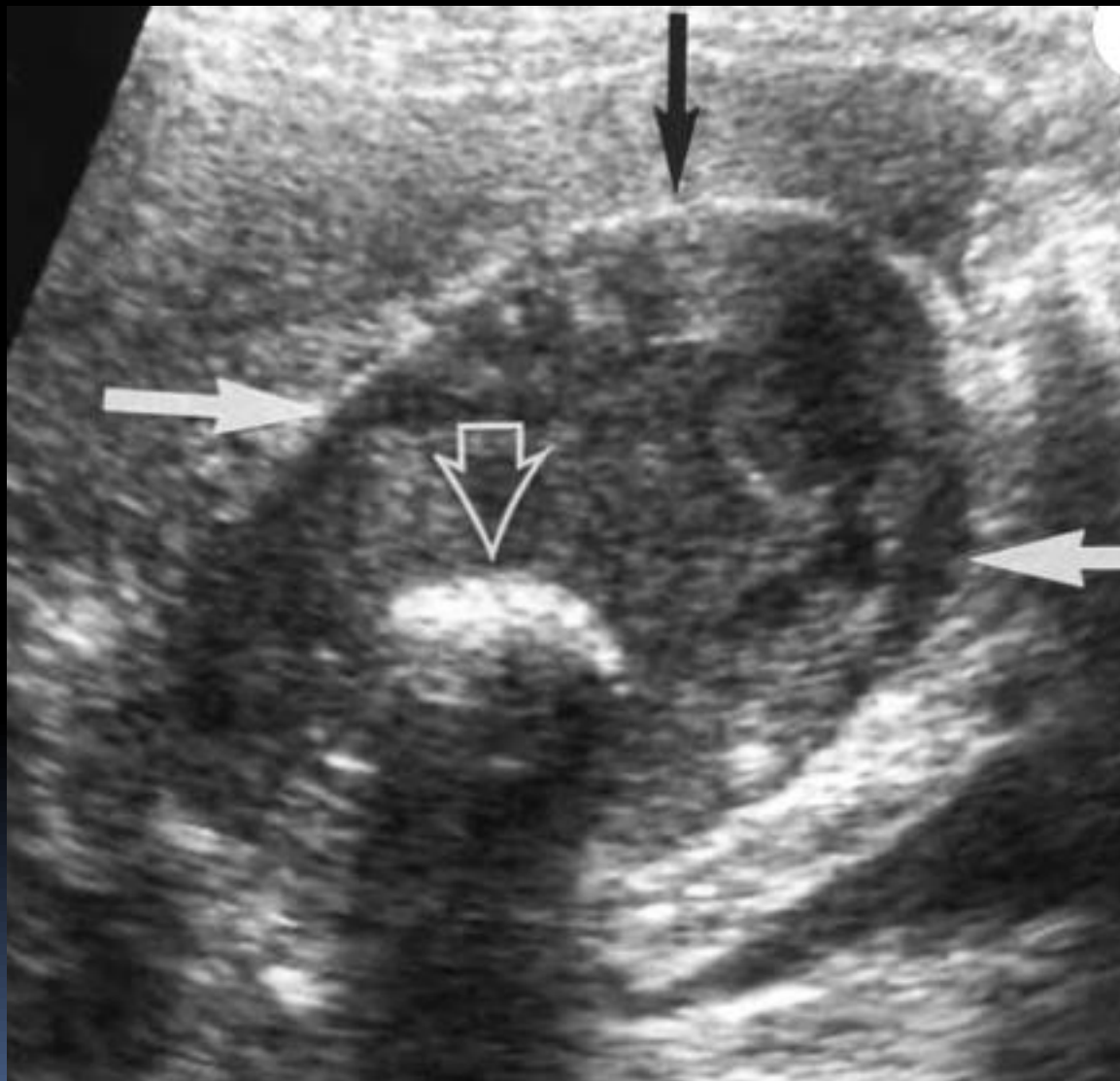
Table 7. Frequency of malignant polyp according to corresponding number of risk factors, of age, size of PLG and sessile lesion

Number of criteria	Number of malignant poly/number of PLG	%
3 (+)	14/18	77.8
2 (+)	12/42	28.6
1 (+)	9/116	7.8
0 (+)	0/115	0

PLG, polypoid lesions of the gallbladder.

## Chance of malignancy

- ❑ Polyps of 10 mm or greater (size)
- ❑ Sessile polyps (morphology)
- ❑ Single polyps (multiplicity)
- ❑ Adjacent wall thickening
- ❑ Elderly patient (Age)
- ❑ Gallstone



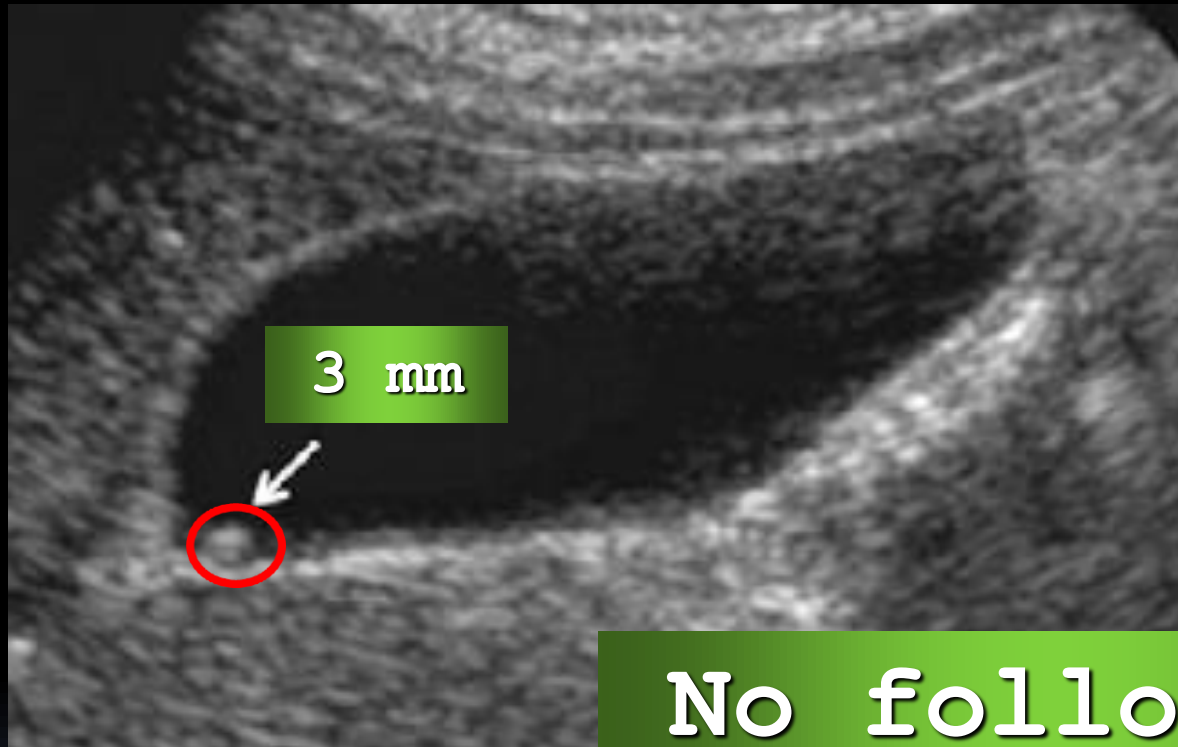
# Incidental polyps < 10 mm

- ❑ Highly unlikely to harbour malignancy
- ❑ Can safely be managed expectantly

## High-risk group

- ❑ Indian ethnic back-ground
- ❑ Primary sclerosing cholangitis (PSC)
- ❑ Acromegaly (pituitary tumor)

# Polypoid lesions

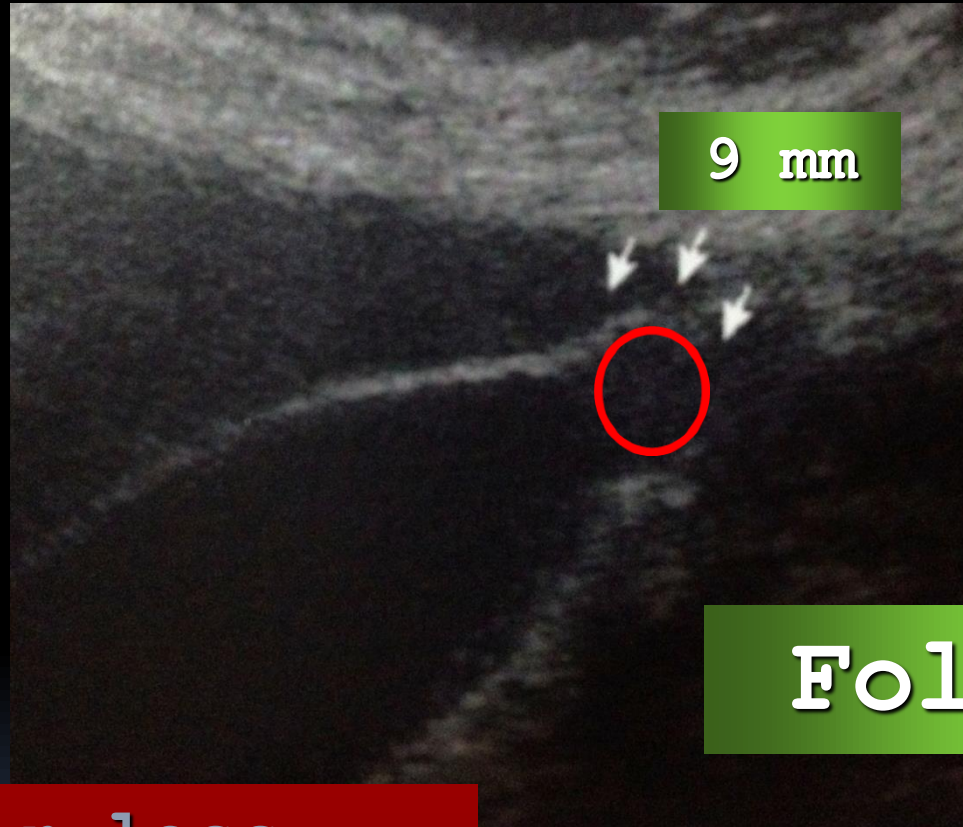


No follow up

- ☐ 6 mm or less
- ☐ 7-10 mm
- ☐ >10 mm

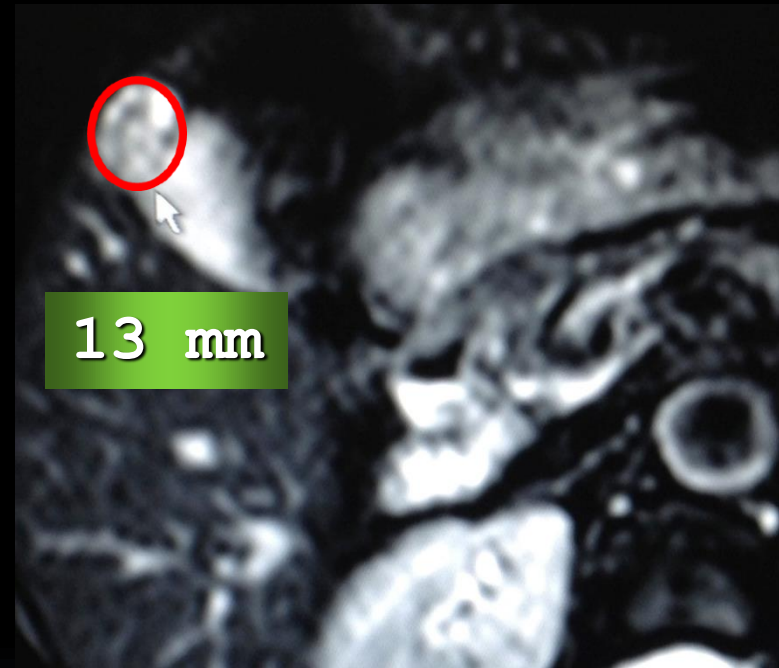
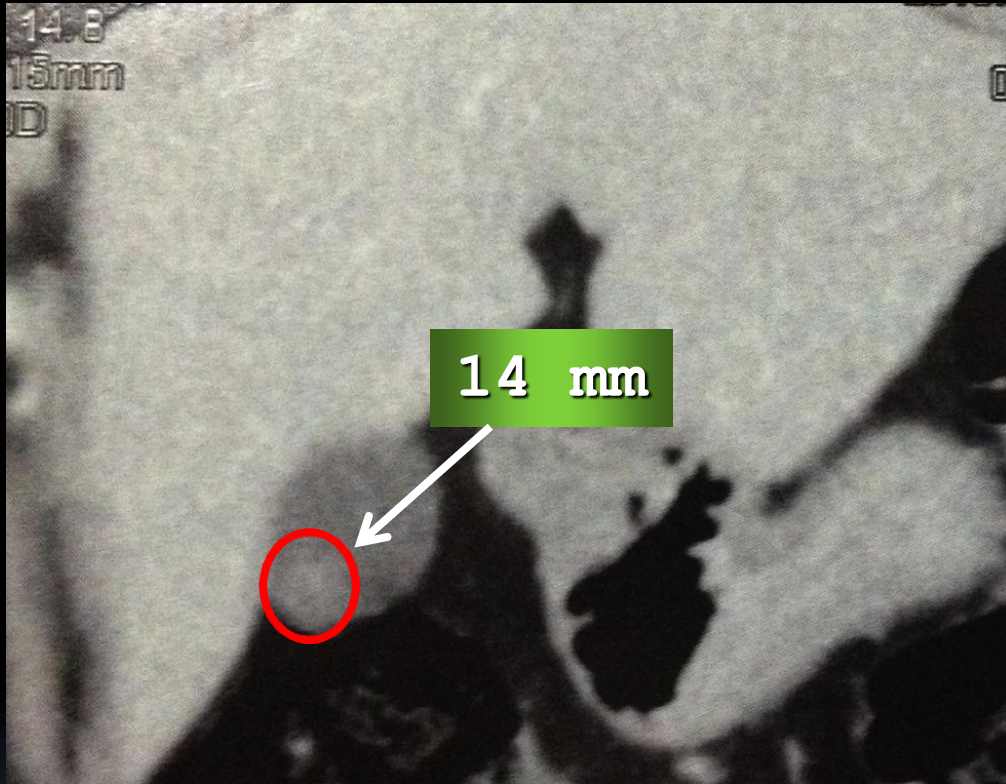
- ❑ Minimize patient anxiety
- ❑ Reduce costs

# Polypoid lesions



- ☐ 6 mm or less
- ☐ 7-10 mm
- ☐ >10 mm

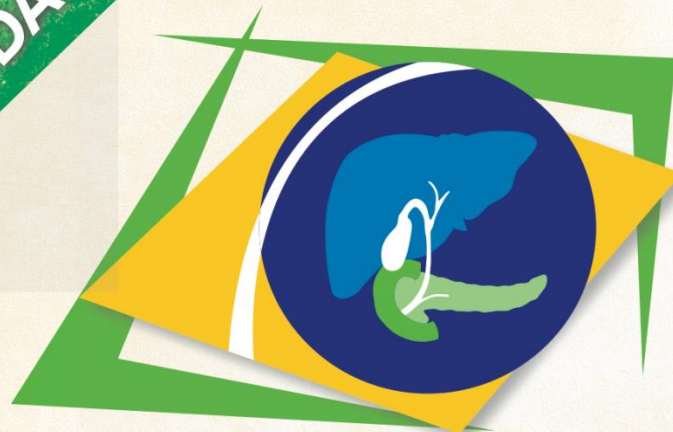
# Polypoid lesions



Surgery

- 6 mm or less
- 7-10 mm
- >10 mm

SAVE THE DATE



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**12<sup>TH</sup> WORLD CONGRESS  
OF THE INTERNATIONAL  
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