



Pólipo de vesícula biliar: Quando operar?

Orlando Jorge M. Torres MD, PhD

Professor Titular e Chefe do Serviço de
Cirurgia do Aparelho Digestivo
Unidade Hepatopancreatobiliar
Universidade Federal do Maranhão

FATORES DE RISCO RELACIONADOS AO CÂNCER DA VESÍCULA BILIAR¹⁻⁵

- Litíase biliar
- Lesões polipoides da vesícula biliar
- Anomalias na junção do ducto biliopancreático
- Cistos de colédoco
- Infecções bacterianas
- Vesícula biliar em porcelana
- Adenomiomatose
- Colangite esclerosante primária
- Outras: polipose colônica, doença inflamatória intestinal, exposição química, obesidade, tabagismo, colecistite xantogranulomatosa, multiparidade e estado pós-menopausa.

Torres OJ, et al. PROACI - SEMCAD 2011

Conduta nas lesões polipoides da vesícula biliar

Management of polypoid lesions of the gallbladder

ORLANDO JORGE MARTINS TORRES¹, RACHEL JORGE DINO COSSETTI², JANAINA OLIVEIRA BENTIVI²,
MARIA HELENA ALMEIDA COSTA², ALINE MARIA SANTOS FARIAS², GLÁUCIA MESQUITA CORDEIRO³

Disciplina de Clínica Cirúrgica III da Universidade Federal do Maranhão – UFMA – São Luís (MA)

RESUMO

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

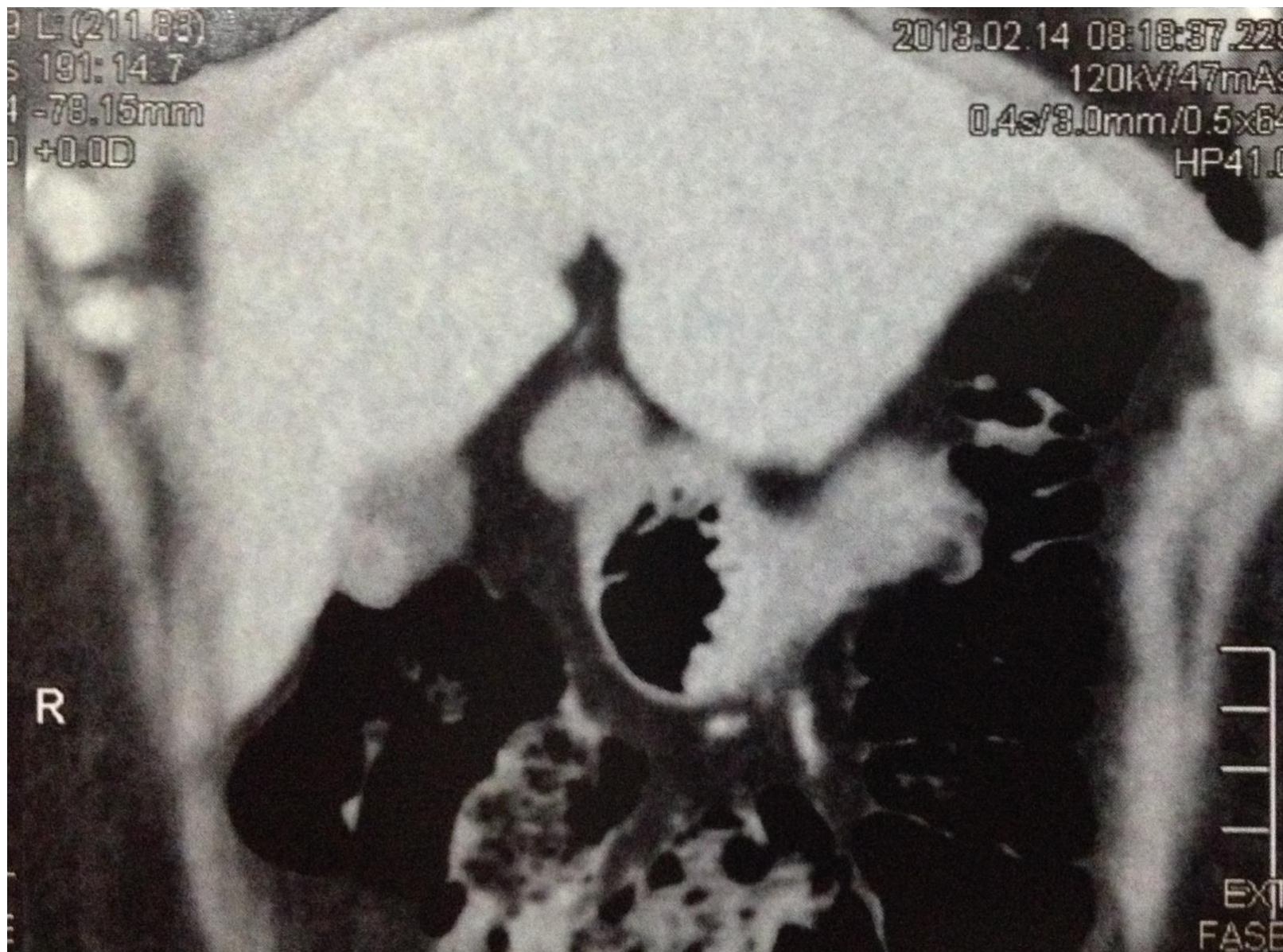
SUMMARY

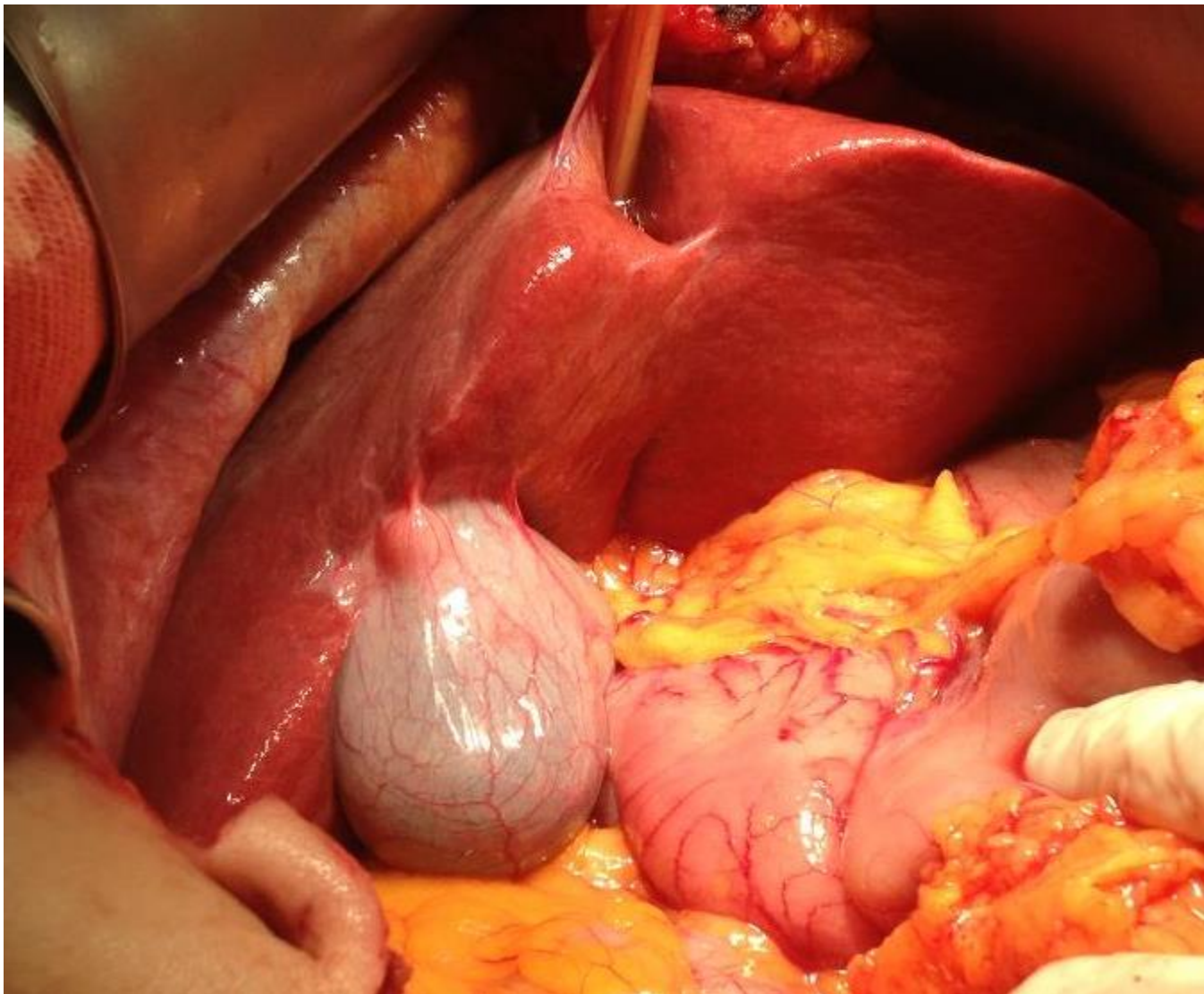
With the increasing use of percutaneous ultrasonography in modern practice, more polypoid

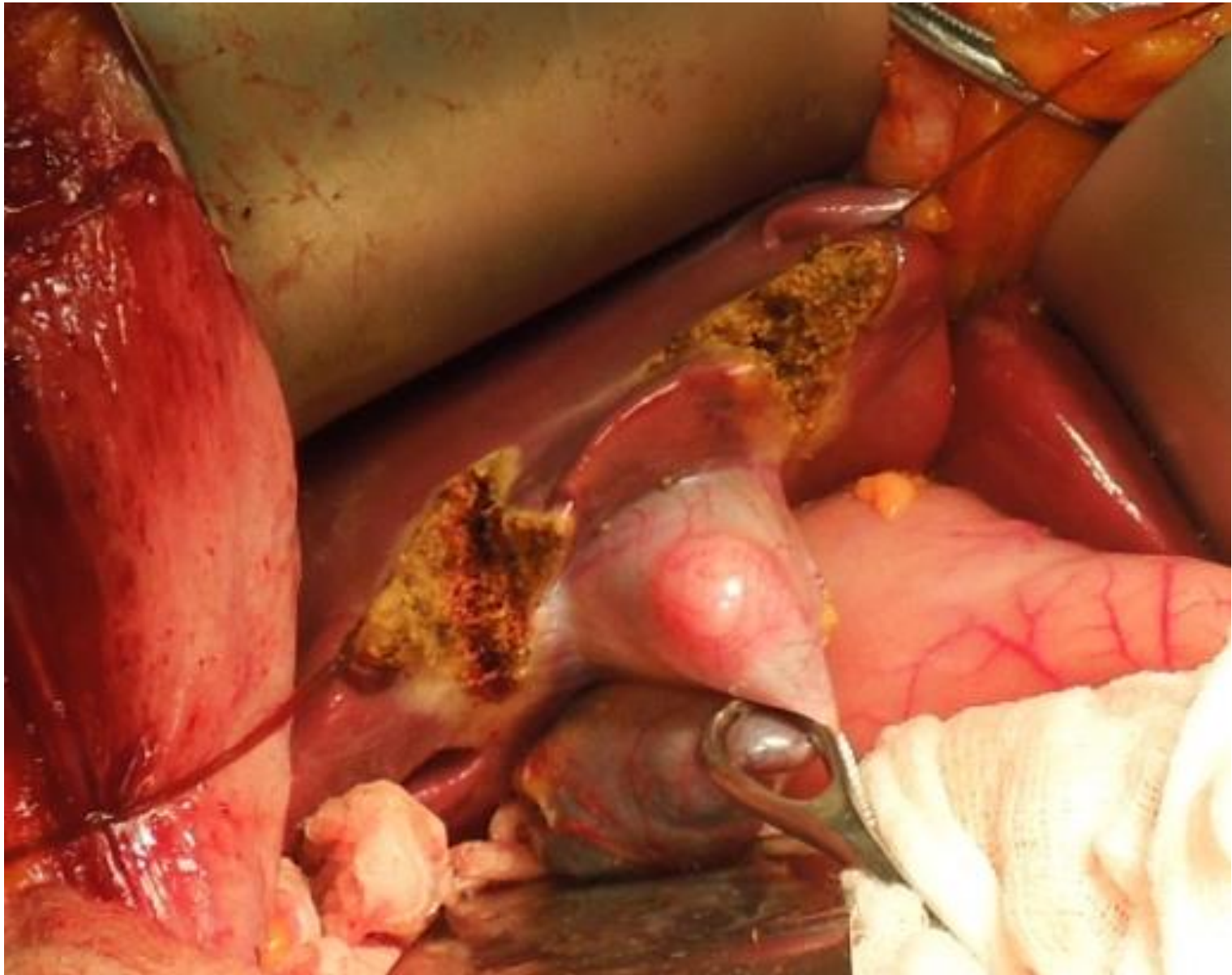
Torres OJ, et al. GED 2009;28:21-4

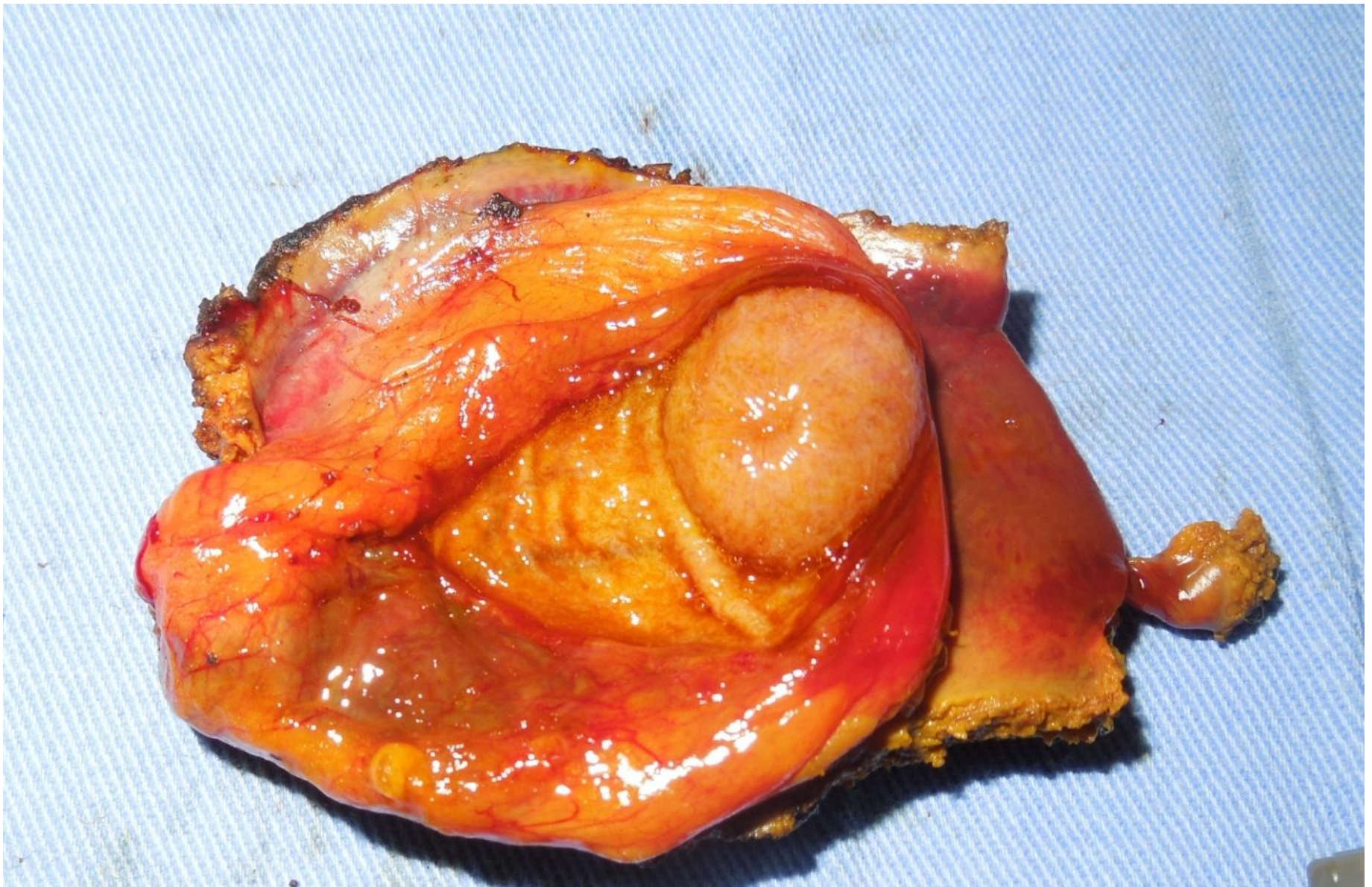
- ❑ > 10 mm
- ❑ Idade > 40 anos











- ❑ O número de pólipos não neoplásicos que são ressecados de forma desnecessária é extremamente elevado.



- ☐ Pólipos ≥ 10 mm (tamanho)
- ☐ Pólipo séssil (morfologia)
- ☐ Pólipo único (multiplicidade)
- ☐ Espessamento parietal da vesícula
- ☐ Idade ≥ 50 anos (Idade)
- ☐ Presença de cálculos

DESCARTAR LESÃO PSEUDOMUCOSA



LAMA BILIAR

LESÃO POLIPÓIDE DA VESÍCULA BILIAR



LAMA BILIAR

Table 2 The proposed classification for gallbladder polypoid-lesions

Main type	Subtype	Disease
Benign lesions	Cholesterol lesions	
	Cholesterol polyps	Cholesterol polyps
	Cholesterol polypoid-lesions	Cholesterol crystal, cholesterol stones, adenomyomatosis, cholesterolosis
	Non-cholesterol lesions	
Malignant lesions	Premalignant polyps	Epithelial polyp: adenoma, etc. H.M.D
	Non-premalignant polyps	Mesenchymatous polyp: lipoma, etc. Inflammatory polyps, Heterotopia: liver, etc. Adenocarcinoma, etc.

H.M.D., hyperplasia, metaplasia, and dysplasia in the setting of chronic cholecystitis

LESÃO POLIPÓIDE DA VESÍCULA BILIAR

❑ Benigna

Colesterol

Pólipo de colesterol

Cristal de colesterol

Colesterolose

Não-colesterol

~~Lesão benigna não-colesterol~~

Lesão pré-maligna não colesterol

❑ Maligna

LESÃO POLIPÓIDE DA VESÍCULA BILIAR

❑ Benigna

Lesão benigna não-colesterol

Pólipo inflamatório

Adenomiomatose

Pólipo Xantogranulomatoso

Lesão pré-maligna não-colesterol

Adenoma

Hiperplasia

Metaplasia

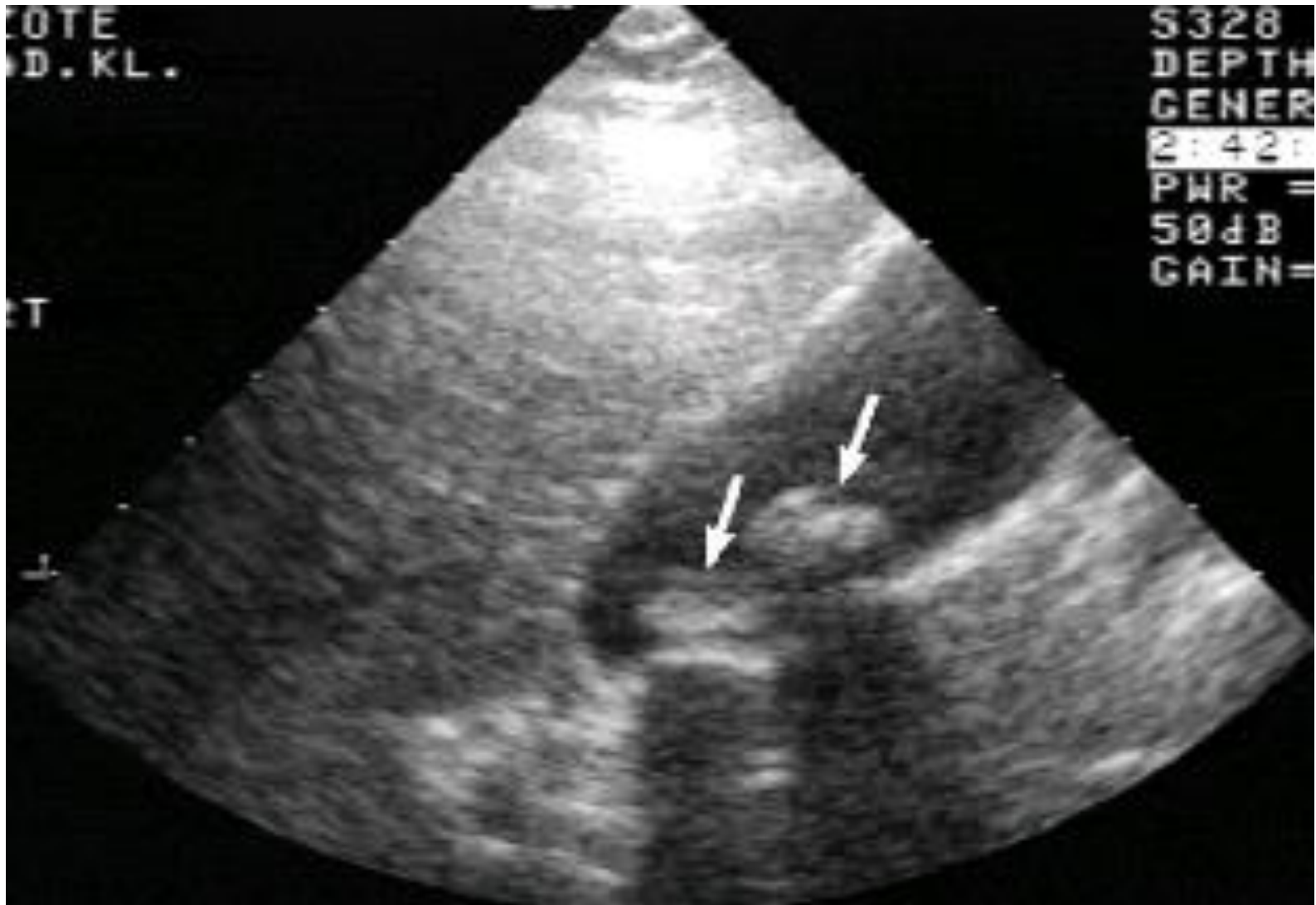
Displasia

❑ Maligna

Table 6 Multivariate logistic regression analysis for the factors significantly associated with malignant polyps of the gallbladder on univariate analysis

	Odd ratios	95% CI	<i>P</i> value
Age ≥ 50 years	16.5	3.7–73.7	<0.001
Symptoms	6.3	1.5–27.2	0.013
ALT >40 U/L	3.9	0.8–18.3	0.083
Polyp size ≥ 10 mm	41.5	3.2–537.1	0.004
Concurrent gallstones	18.0	3.0–108.7	0.002

PÓLIPO + CÁLCULO



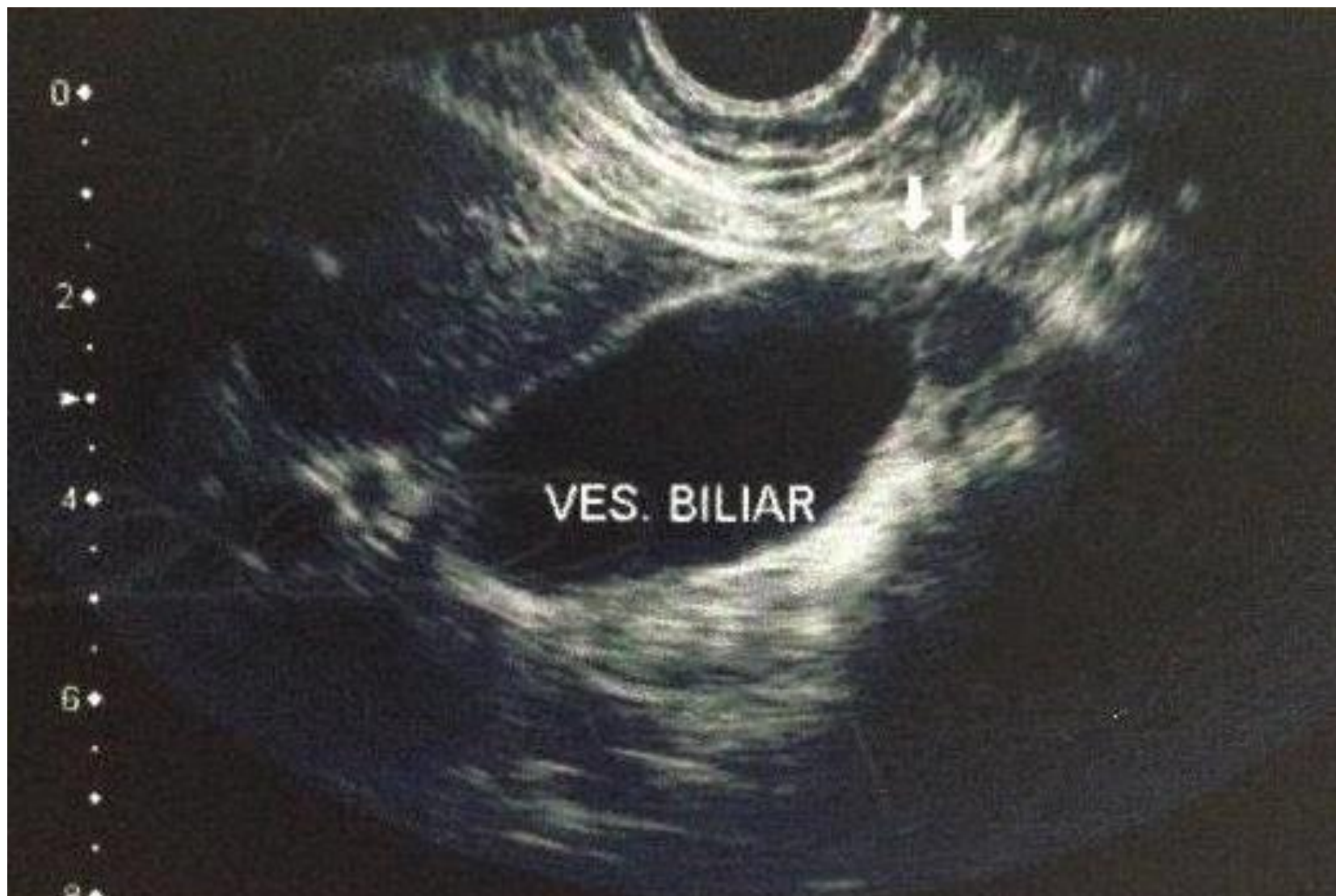


Table 1 Pathologic characteristic of 1446 gallbladder polypoid-lesions

Disease	No. of patients (%)
Cholesterol polyps	1147(79.32)
Adenoma	128(8.85)
Cholesterol stones (crystal)	58(4.01)
Adenomyomatosis	30(2.08)
Cholesterolosis	25(1.73)
Adenocarcinoma	24(1.66)
H.M.D	17(1.18)
Mesenchymatous polyps	9 (0.62)
Inflammatory polyps	8 (0.55)
Total	1446 (100)
Coexisting cholesterolosis	371(25.66)
Coexisting adenomyomatosis	156(10.79)

H.M.D. hyperplasia, metaplasia, and dysplasia in the setting of chronic cholecystitis

LESÃO POLIPÓIDE DA VESÍCULA BILIAR

Table 2 Pathologic results of gallbladder polyps which underwent cholecystectomy.

Pathologic results	Non-neoplastic polyp	Cholesterol polyp	289 (56.01%)
		Inflammatory polyp	1 (0.19%)
		Cholelithiasis	17 (3.29%)
		Cholecystitis	85 (16.48%)
	Neoplastic polyp	Adenoma	100 (19.38%)
		Adenocarcinoma	23 (4.46%)
		Lymphoma	1 (0.19%)
		Total	516 (100%)

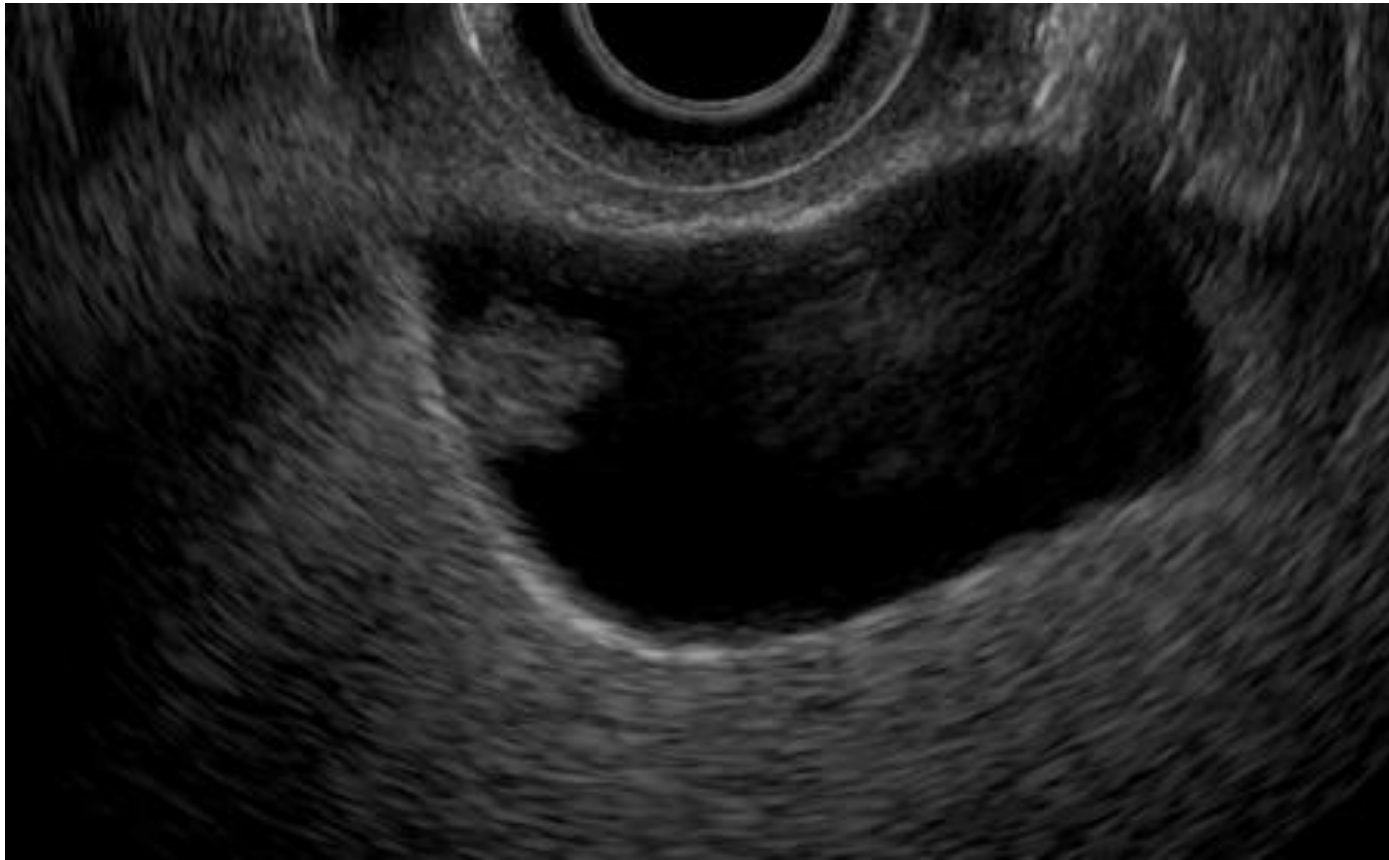
PÓLIPO DE COLESTEROL



Bolas na parede

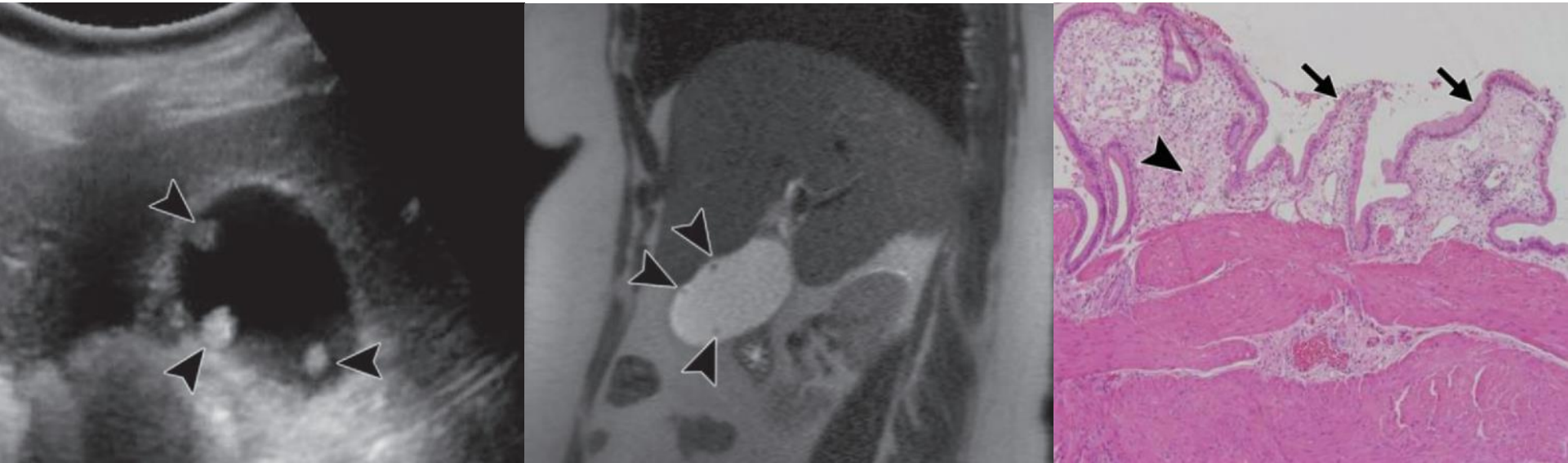
PÓLIPO DE COLESTEROL

LESÃO POLIPÓIDE DA VESÍCULA BILIAR



PÓLIPO DE COLESTEROL

LESÃO POLIPÓIDE DA VESÍCULA BILIAR



PÓLIPO DE COLESTEROL

PÓLIPO DE COLESTEROL

Table 4. Univariate and Multivariate Analyses of the Risk Factors for GB Solitary Polypoid Lesions (n=2378)

	Univariate analysis			Multivariate analysis*		
	OR	95% CI	p value	OR	95% CI	p value
Overweight status [†]	1.317	1.108–1.566	0.002			
Fasting glucose (mg/dL)	0.997	0.993–1.022	0.284			
Total cholesterol (mg/dL)	1.001	0.998–1.003	0.667			
TG (mg/dL)	1.001	1.000–1.002	0.185			
LDL cholesterol (mg/dL)	1.000	0.998–1.003	0.783			
HDL cholesterol (mg/dL)	0.991	0.983–0.999	0.026			
Chronic hepatitis B	1.771	1.118–2.806	0.015	1.802	1.135–2.865	0.012
Chronic hepatitis C	2.389	0.279–20.487	0.427			
Metabolic syndrome	1.309	1.002–1.710	0.048	1.414	1.046–1.912	0.024
Gastric HP infection	1.228	0.881–1.745	0.258			
Colon polyp positive	1.065	0.817–1.390	0.641			

GB, gallbladder; OR, odds ratio; CI, confidence interval; TG, triglyceride; LDL, low-density lipoprotein; HDL, high-density lipoprotein; HP, *Helicobacter pylori*.

*Adjusted for overweight status, HDL cholesterol, chronic hepatitis B, and metabolic syndrome in logistic regression model, [†]Overweight status: body mass index over 23 kg/m².

LESÃO POLIPÓIDE DA VESÍCULA BILIAR

Table 4 Predictors of gallbladder cancer.

Characteristics	GB cancer	
	OR (95%CI)	P value
Female/Male	1.377 (0.606–3.126)	0.445
Age (mean, yr)	1.124 (1.084–1.166)	<0.001 ^a
Size (>10 mm)	7.750 (1.036–57.982)	0.046 ^a
Number of polyps (>3)	0.732 (0.285–1.879)	0.516
Body Mass Index (BMI)	0.957 (0.847–1.082)	0.484
Body Surface Area (BSA)	0.103 (0.014–0.769)	0.027 ^a
Total cholesterol (mg/dL)	0.999 (0.986–1.012)	0.828
Total bilirubin (mg/dL)	1.487 (0.688–3.215)	0.313
AST (U/L)	1.042 (1.024–1.061)	<0.001 ^a
ALT (U/L)	1.016 (1.005–1.027)	0.004 ^a
Fasting glucose (mg/dL)	1.013 (0.9996–1.026)	0.057
CA 19-9 (U/mL)	1.002 (0.931–1.079)	0.956
HBsAg positivity	1.096 (0.138–8.736)	0.931

^a Statistical significance.

SEGUIMENTO DE LESÕES POLIPÓIDES

Diâmetro	Pacientes
< 5 mm	Acima de 50%
> 10 mm	0-12,5 %
6-10 mm	16,4-41,2%

Lesão polipóide da vesícula biliar

SEGUIMENTO

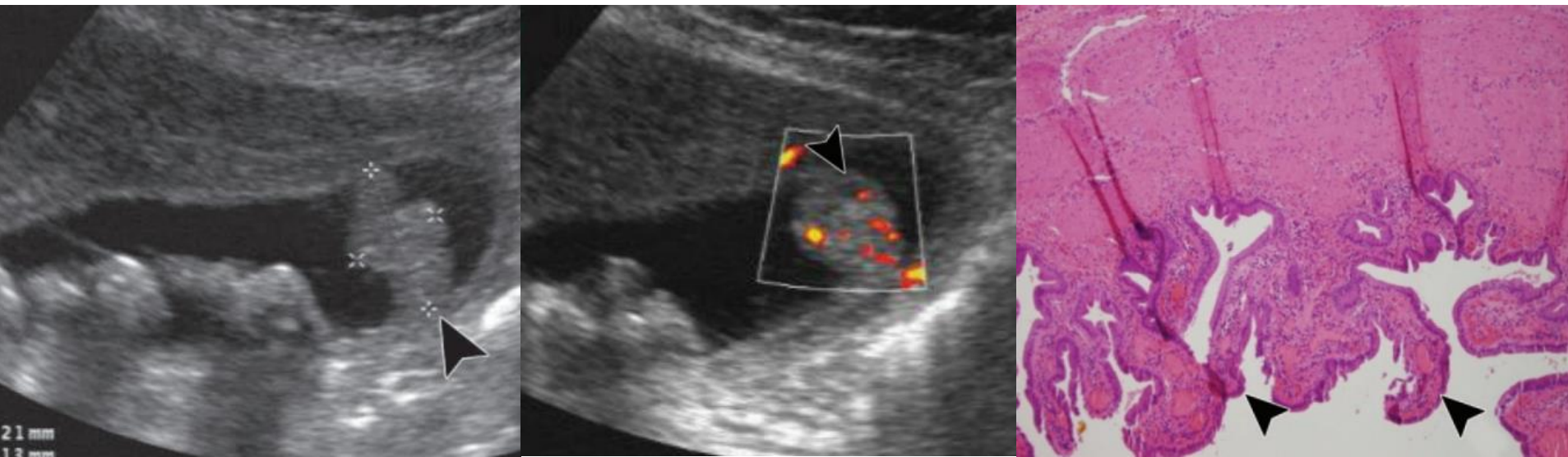
Diâmetro	Pacientes
Estável ou reduziu	50,0 – 94,3%
Aumentou	5,0 - 26,5%

FATOR DE RISCO

FATORES DE RISCO
Crescimento durante o seguimento*
Pólipo único*
Colelitíase
Espessamento da parede da vesícula
Presença de sintomas
Idade acima de 60 anos

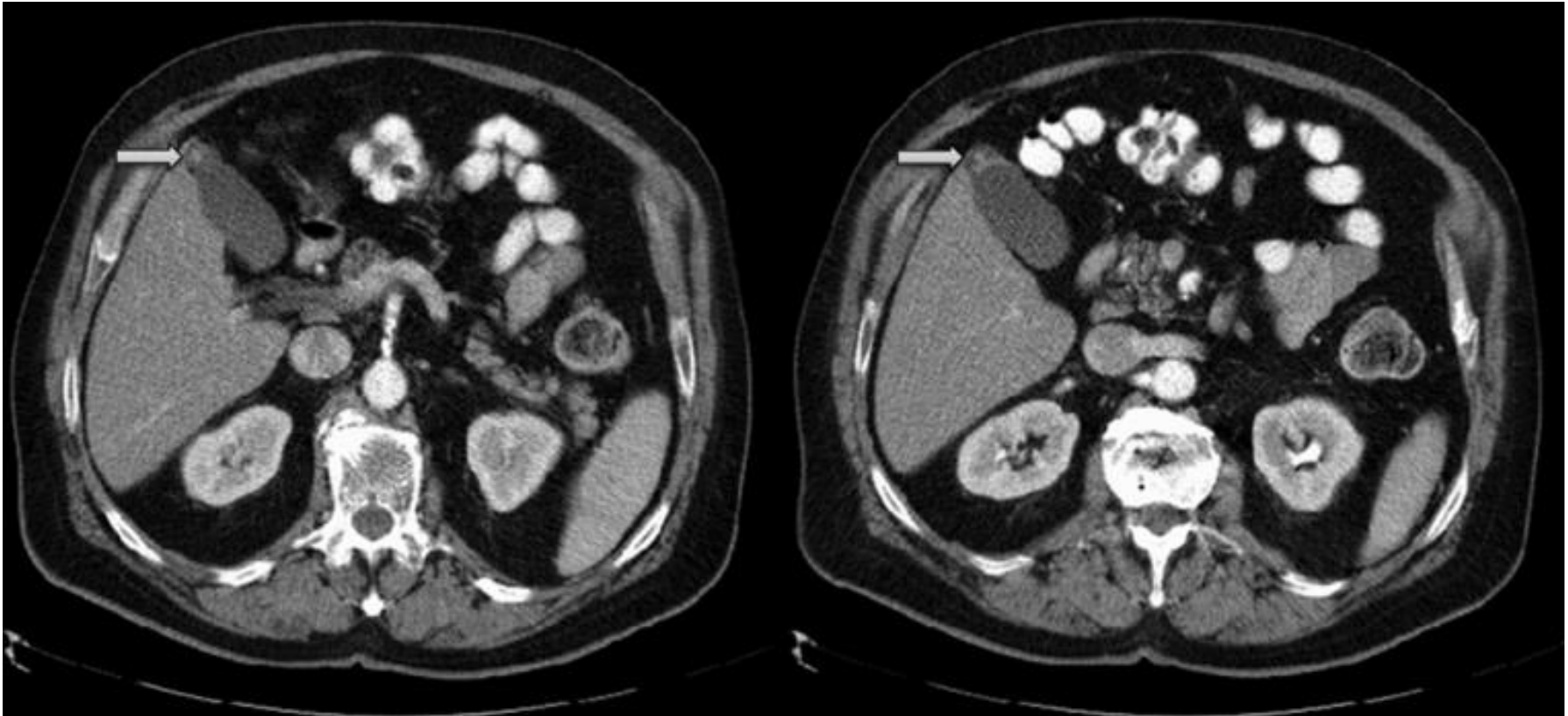
CRESCIMENTO DURANTE O SEGUIMENTO

LESÃO POLIPÓIDE DA VESÍCULA BILIAR



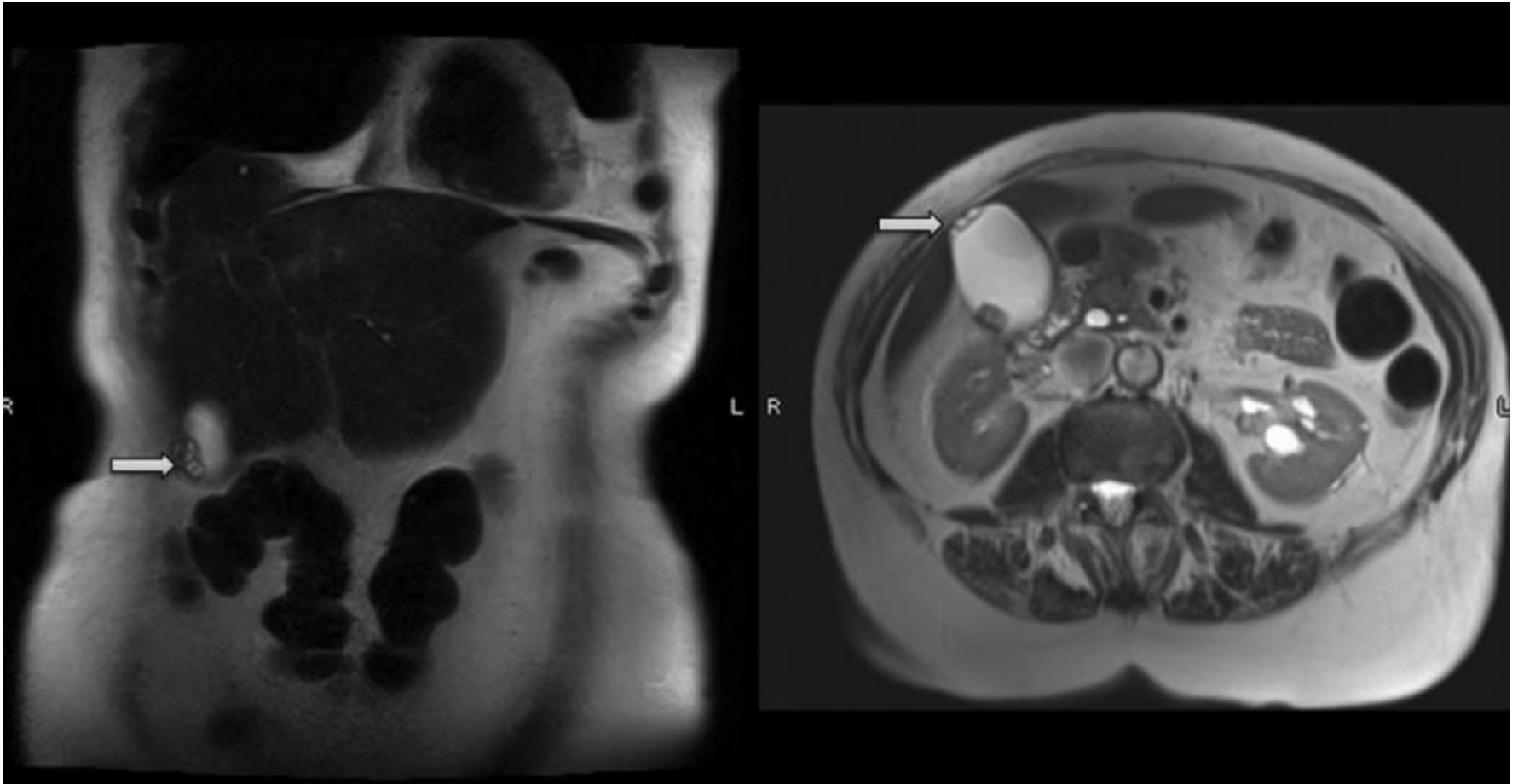
PÓLIPO INFLAMATÓRIO

LESÃO POLIPÓIDE DA VESÍCULA BILIAR



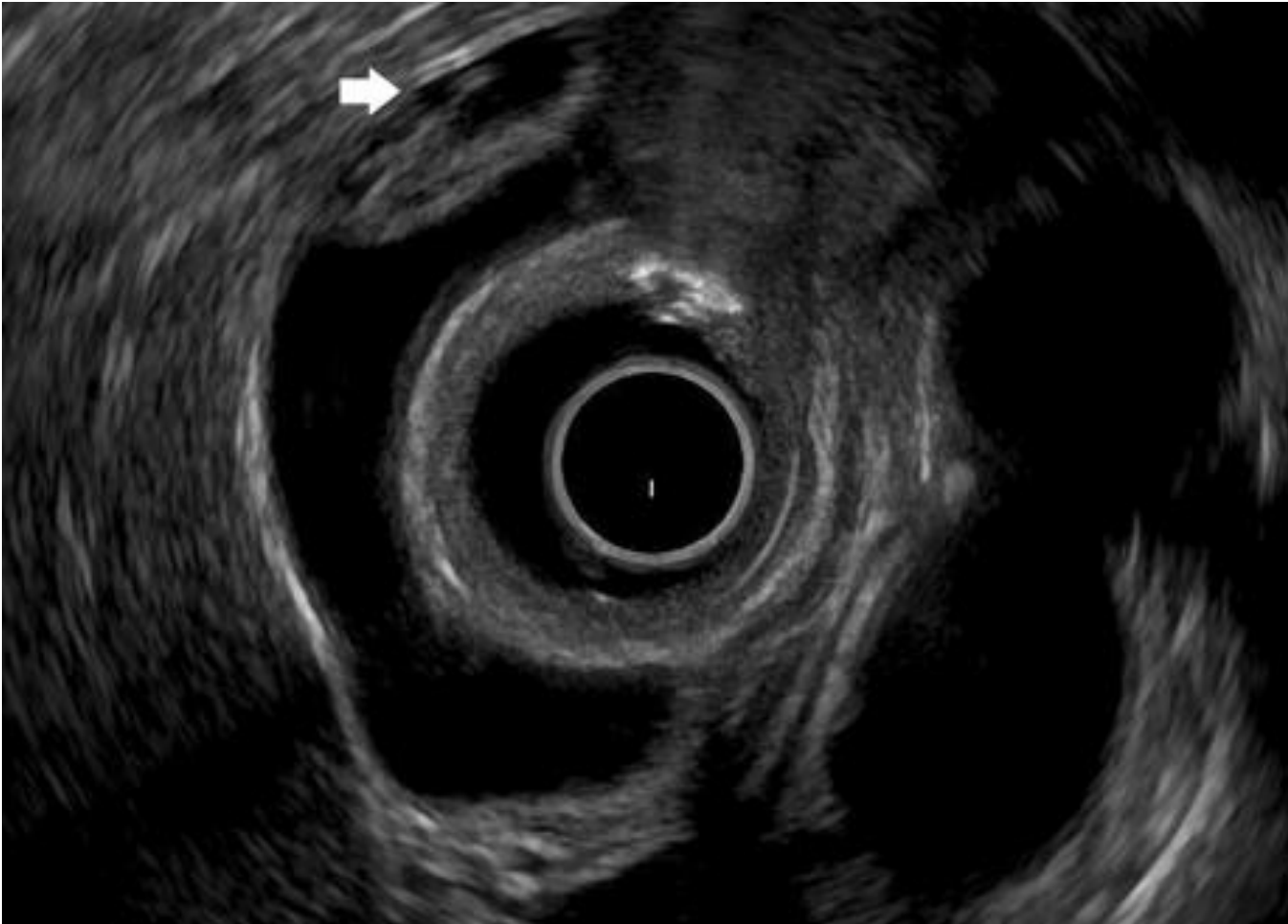
ADENOMIOMATOSE

LESÃO POLIPÓIDE DA VESÍCULA BILIAR



ADENOMIOMATOSE

LESÃO POLIPÓIDE DA VESÍCULA BILIAR



ADENOMIOMATOSE

LESÃO POLIPÓIDE DA VESÍCULA BILIAR



Figure 4. Gallbladder adenomyomatosis in two patients. **(a)** US image obtained in a 62-year-old man with pain shows a polyp (arrowhead) with foci of echogenicity in the gallbladder fundus. An echogenic focus with a comet-tail artifact (arrow) is also seen, a finding indicative of adenomyomatosis. **(b)** Coronal T2-weighted MR image obtained in a 71-year-old woman with suspected pancreatic cysts shows the pearl necklace sign (arrowhead), which consists of round foci of hyperintensity arranged in a partial ring in the gallbladder fundus. **(c)** Photomicrograph (original magnification, $\times 10$; H-E stain) obtained in the same patient as in **b** shows markedly dilated Rokitansky-Aschoff sinuses (arrowheads) smooth muscle.

ADENOMIOMATOSE

LESÃO POLIPÓIDE DA VESÍCULA BILIAR

Table 2 Multivariate logistic regression analysis for the factors significantly associated with cholesterol lesions of the gallbladder on univariate analysis

	Odds ratio	95% confidence interval	<i>P</i> -value
Age <50 years	3.461	2.058–5.820	<0.001
Multiple polyps	3.321	1.988–5.547	<0.001

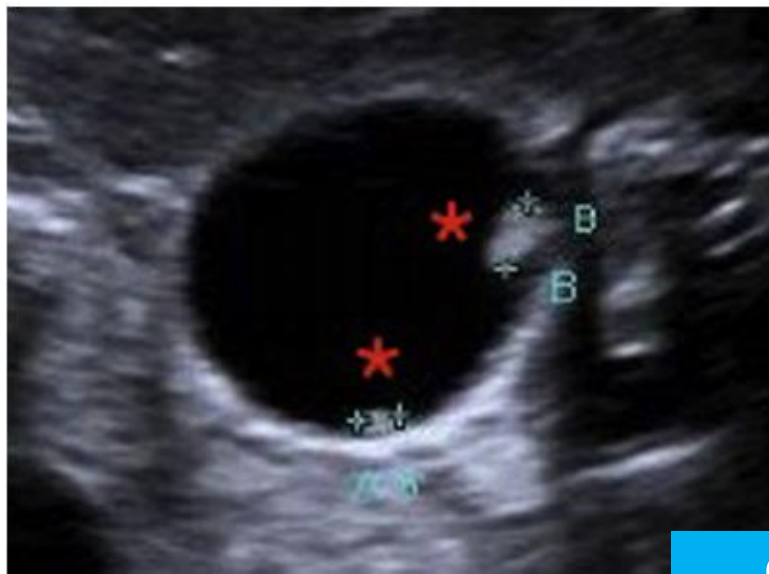
MÚLTIPLOS PÓLIPOS

LESÃO POLIPÓIDE DA VESÍCULA BILIAR

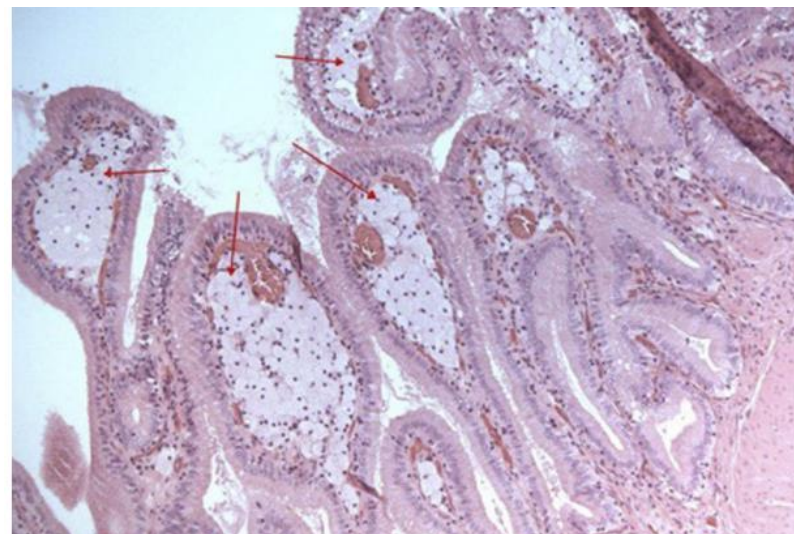
Table 4 Multivariate logistic regression analysis for the factors significantly associated with premalignant lesions of the gallbladder on univariate analysis

	Odds ratio	95% confidence interval	<i>P</i> -value
Growth of polyps	5.366	1.466–19.637	0.011
Clinical symptoms	0.368	0.153–0.885	0.026

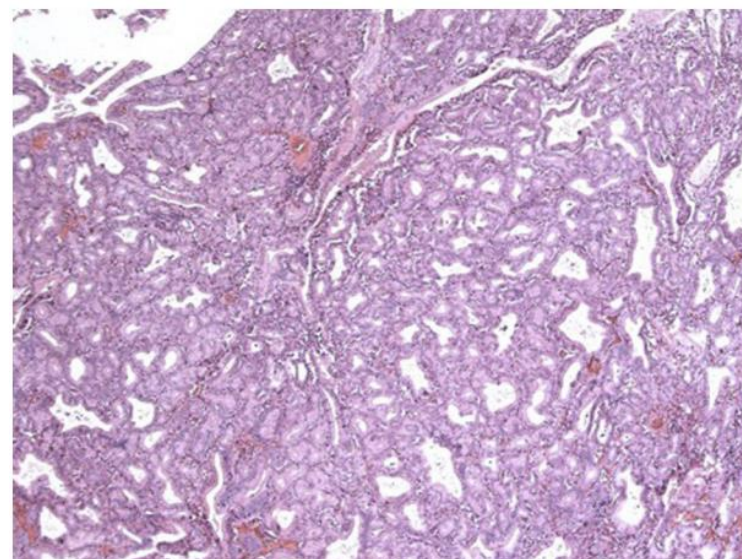
SINTOMA CLÍNICO



LESÃO POLIPÓIDE



COLECISTITE XANTOGRANULOMATOSA



ADENOMA DISPLÁSICO



MULTIPLICIDADE

Table 1

Comparing histopathology with ultrasound-detected sizes of single polypoid lesions.

Histopathology	Frequency	Size range (mean, median)
Xanthogranulomatous chronic cholecystitis (XCC)	18	2–8 mm (4.8 mm, 4.7 mm)
XCC and adenomyomatosis	0	N/A
XCC and adenomatous polyp	1	30 mm (30 mm, 30 mm)
Chronic cholecystitis	4	5.8–12 mm (8.4 mm, 6.3 mm)
Chronic cholecystitis and adenomyomatosis	3	2–11.4 mm (6.3 mm, 5.6 mm)
Acute gangrenous cholecystitis	0	N/A
Malignant	1	17 mm (17 mm, 17 mm)
Total	27	

Ativar c

MULTIPLICIDADE

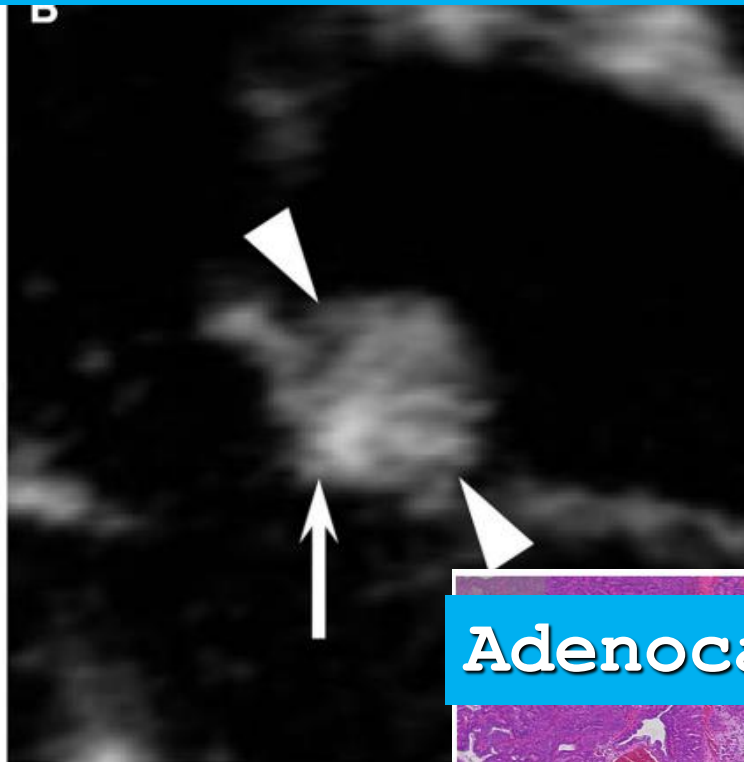
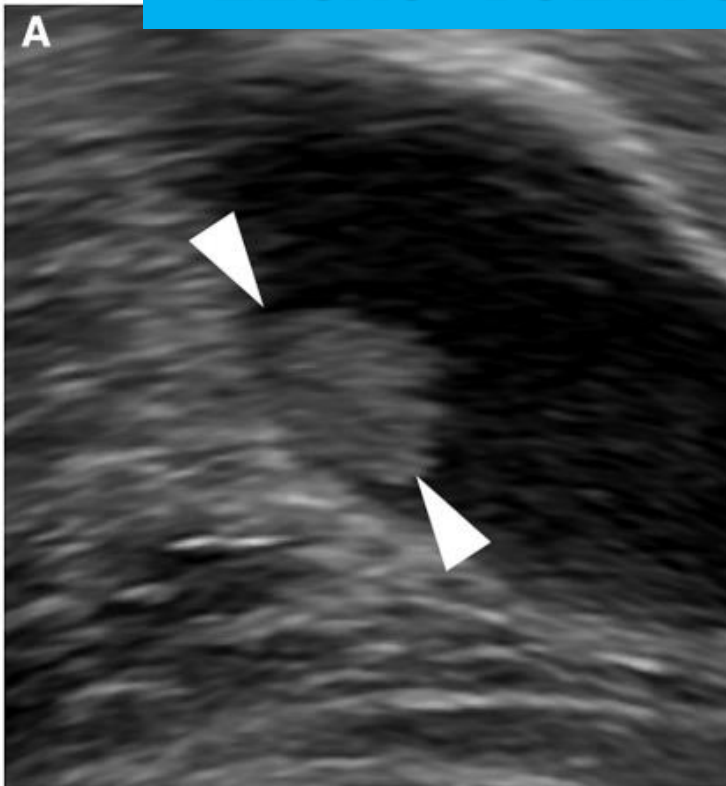
Table 2

Comparing histopathology with ultrasound-detected sizes of multiple polypoid lesions. Multiple polypoid lesions are more suggestive of benign or inflammatory aetiology.

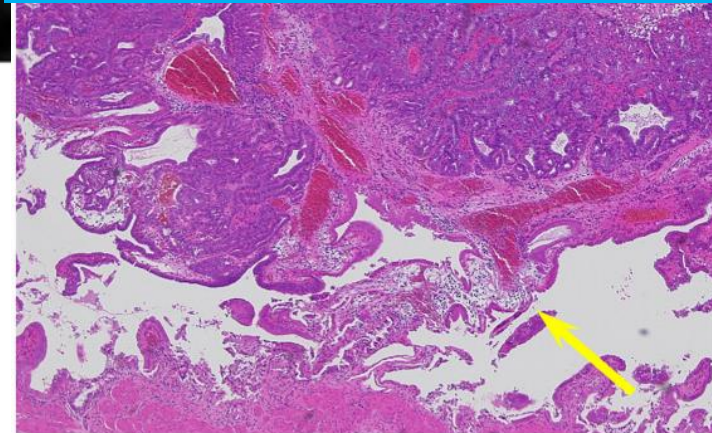
Histopathology	Frequency	Size range (mean, median)
XCC	7	4.2–10 mm (5.7 mm, 5 mm)
XCC and adenomyomatosis	1	5.1 mm (5.1 mm, 5.1 mm)
XCC and adenomatous polyp	0	N/A
Chronic cholecystitis	5	2–10 mm (5.5 mm, 4.2 mm)
Chronic cholecystitis and adenomyomatosis	1	13 mm (13 mm, 13 mm)
Acute gangrenous cholecystitis	1	5 mm (5 mm, 5 mm)
Malignant	0	N/A
Total	15	

LESÃO ÚNICA

LESÃO POLIPÓIDE DA VESÍCULA BILIAR



Adenocarcinoma

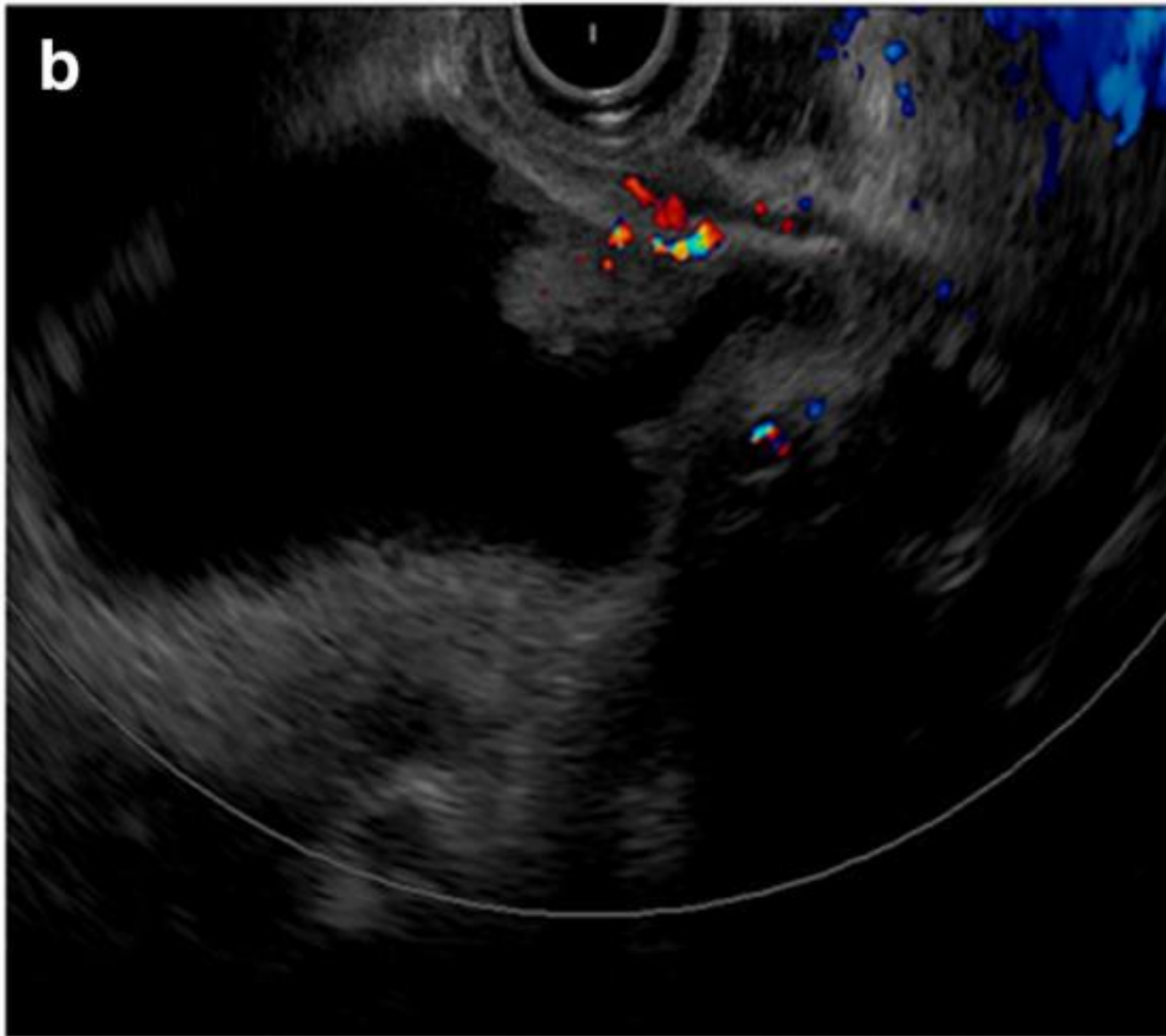


13 mm

Pedúnculo vascular

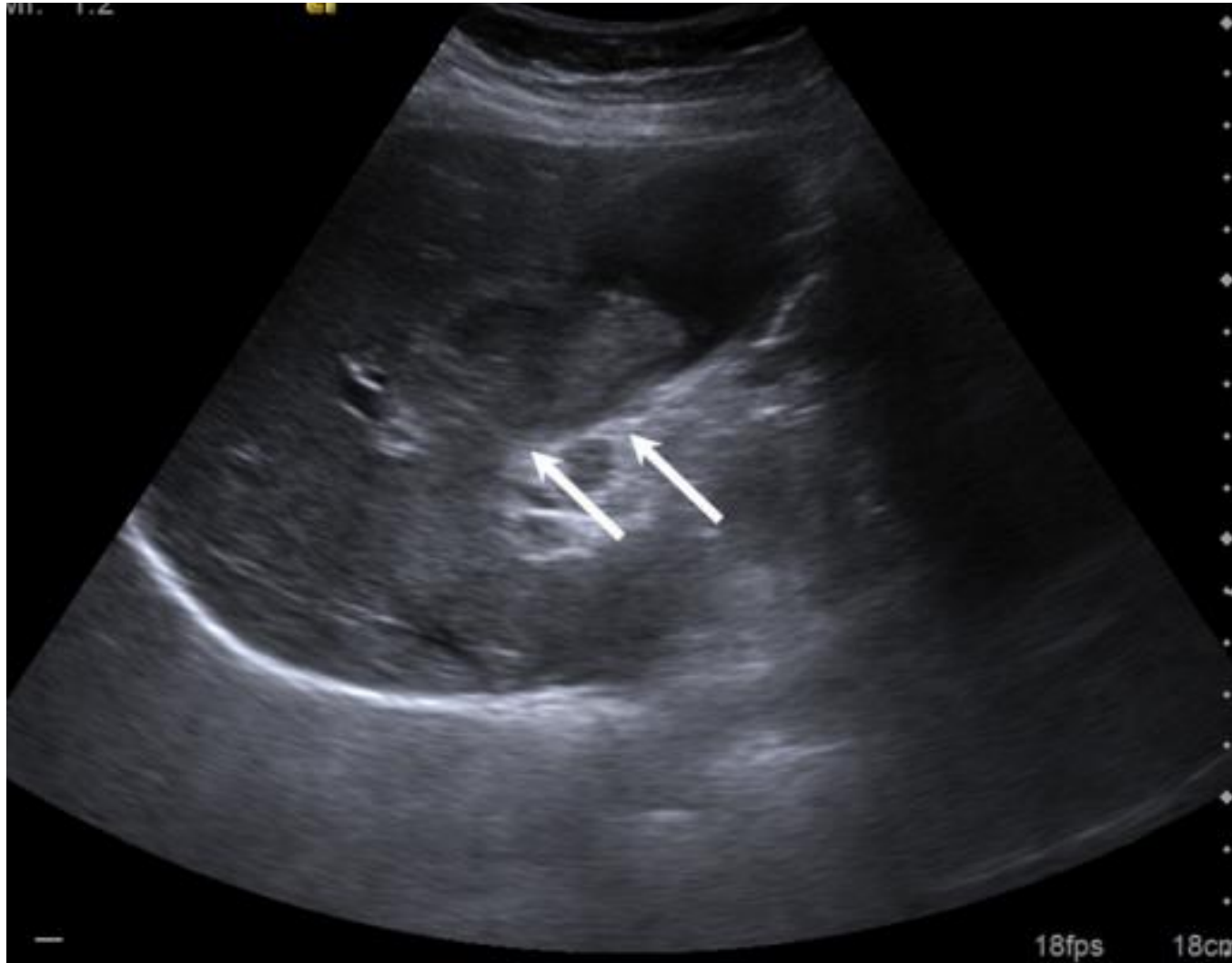
PEDÚNCULO VASCULAR

LESÃO POLIPÓIDE DA VESÍCULA BILIAR



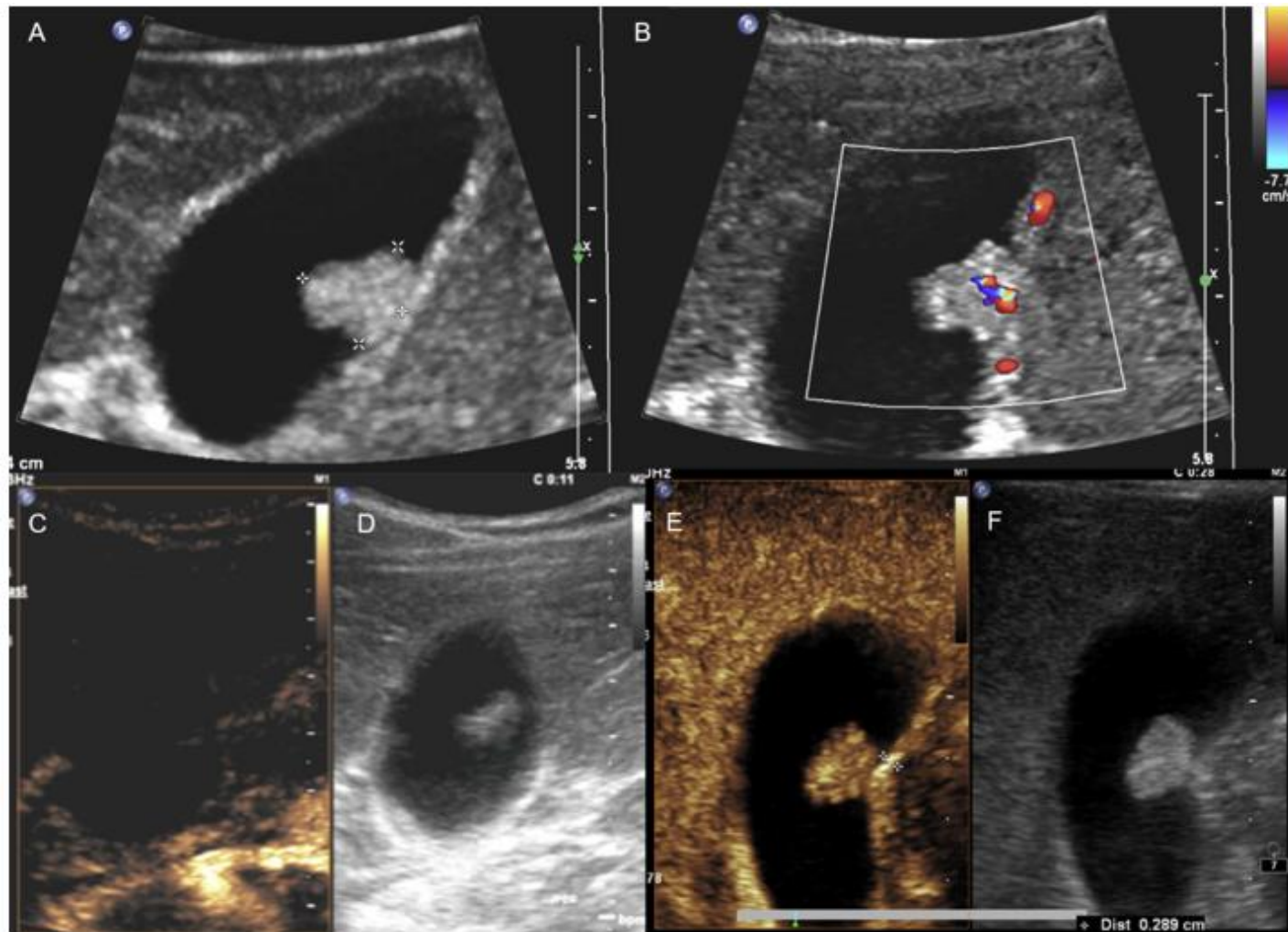
PEDÚNCULO VASCULAR

LESÃO POLIPÓIDE DA VESÍCULA BILIAR



ADENOCARCINOMA

LESÃO POLIPÓIDE DA VESÍCULA BILIAR



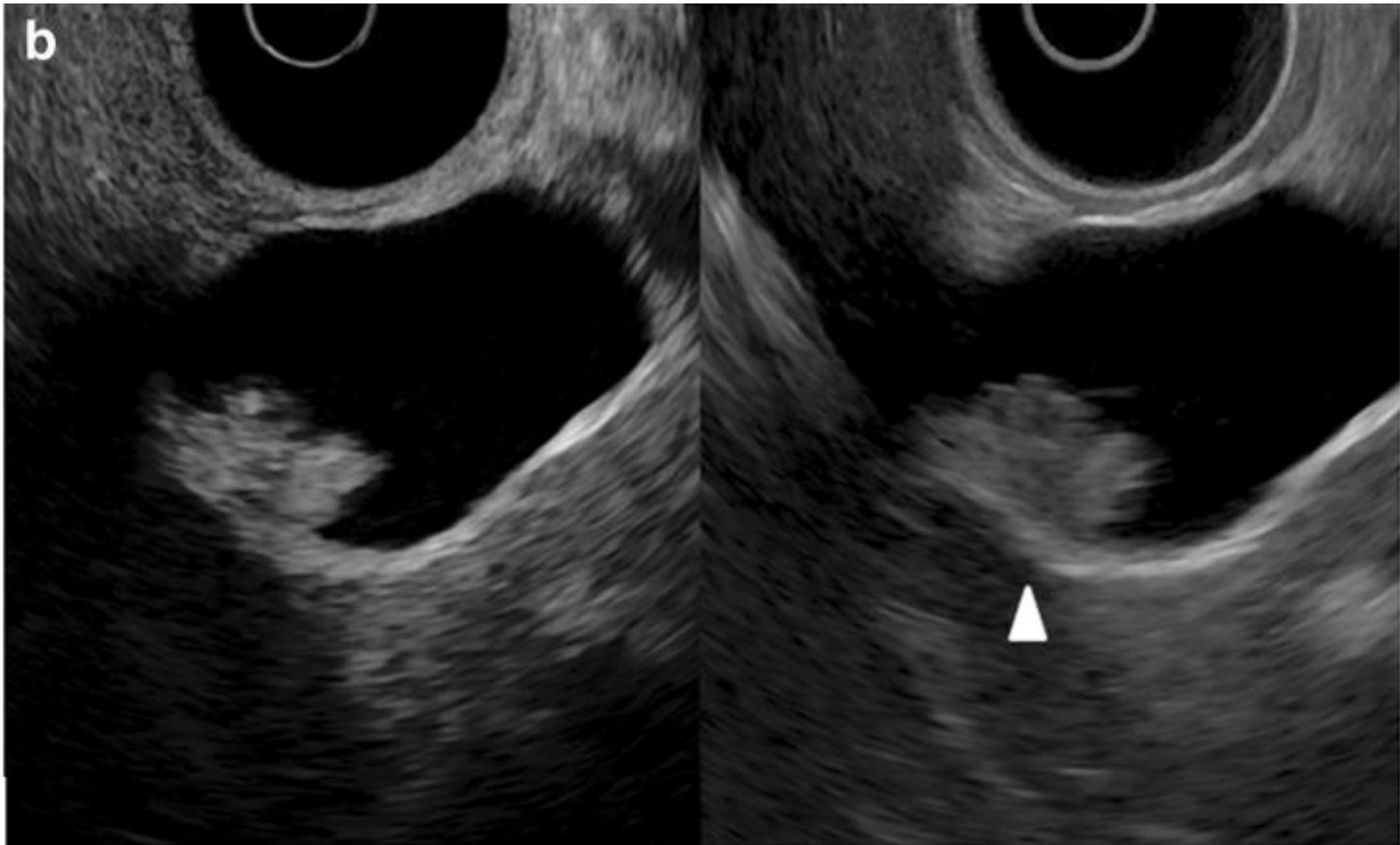
ADENOCARCINOMA

LESÃO POLIPÓIDE DA VESÍCULA BILIAR



ADENOCARCINOMA

LESÃO POLIPÓIDE DA VESÍCULA BILIAR



ADENOCARCINOMA



Original article

Gallbladder polypoid lesions >15 mm as indicators of T1b gallbladder cancer risk

Inanc Samil Sarici ^{a,*}, Ozgul Duzgun ^b

^a Department of General Surgery, Kanuni Sultan Suleyman Training and Research Hospital, Istanbul, Turkey

^b Department of Surgical Oncology, Cukurova University, Adana, Turkey

TAMANHO DO PÓLIPO

Table 2

Predictors of gallbladder carcinoma.

Variables	OR (95% CI)	p value
Female	0.734 (0.373–1.468)	0.336
Age	1.241 (1.108–1.345)	<0.001
Polyp Size	1.724 (1.254–1.881)	<0.001
Polyp Number	0.735 (0.635–1.455)	0.342
BMI	1.034 (0.855–1.204)	0.256
Total bilirubin	1.031 (0.774–1.992)	0.325
ALT	1.105 (0.809–1.125)	0.121
ALP	1.104 (0.851–1.214)	0.803
CA 19-9	1.120 (0.605–1.219)	0.216

Abbreviations: *BMI*: Body mass index, *ALT*: Alanine aminotransferase, *ALP*: Alkaline phosphatase.



World Journal of
Gastrointestinal Endoscopy

Submit a Manuscript: <http://www.wjgnet.com/esps/>
Help Desk: <http://www.wjgnet.com/esps/helpdesk.aspx>
DOI: 10.4253/wjge.v7.i9.912

World J Gastrointest Endosc 2015 July 25; 7(9): 912-915
ISSN 1948-5190 (online)
© 2015 Baishideng Publishing Group Inc. All rights reserved.

CASE REPORT

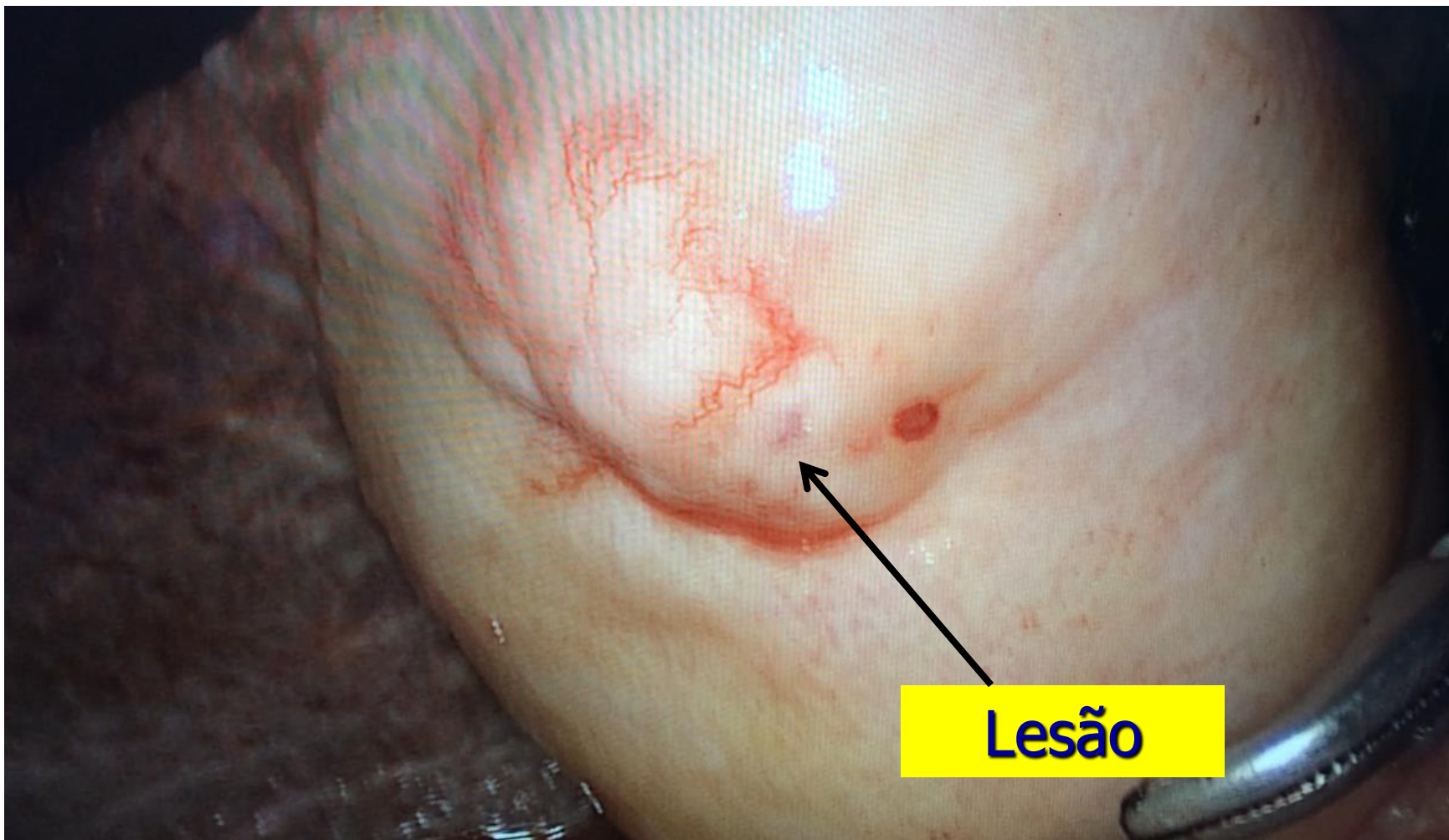
Carcinoma *in situ* in a 7 mm gallbladder polyp: Time to change current practice?

David Kasle, Amir A Rahnemai-Azar, Shahida Bibi, Vinaya Gaduputi, Brian F Gilchrist, Daniel T Farkas

RELATO DE CASO







Pólipo de vesícula biliar: Quando operar?

☐ SINTOMÁTICOS

Descartar outras causas

☐ $\geq 10\text{mm}$

Todos

☐ ≥ 50 ANOS

☐ ASSOCIAÇÃO COM CÁLCULOS

☐ CRESCIMENTO AO SEGUIMENTO

☐ PEDÚNCULO VASCULAR



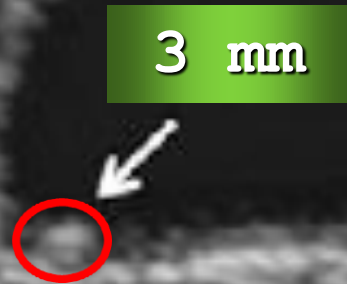
Lesão polipóide da vesícula biliar

$\geq 10\text{mm}$

7–9mm

$\leq 6\text{mm}$

LESÃO POLIPÓIDE



Não há necessidade de seguimento

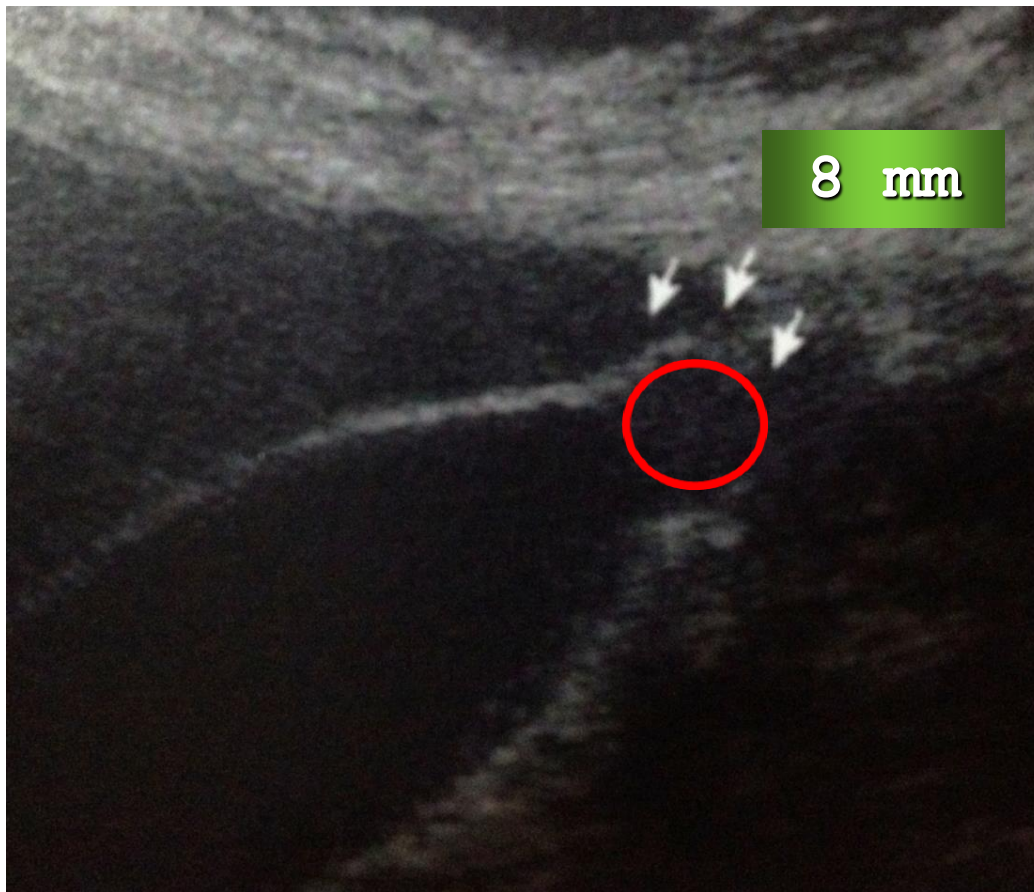
☐ ≤ 6 mm

☐ 7-9 mm

☐ ≥ 10 mm

Minimizar ansiedade
Reduzir custos

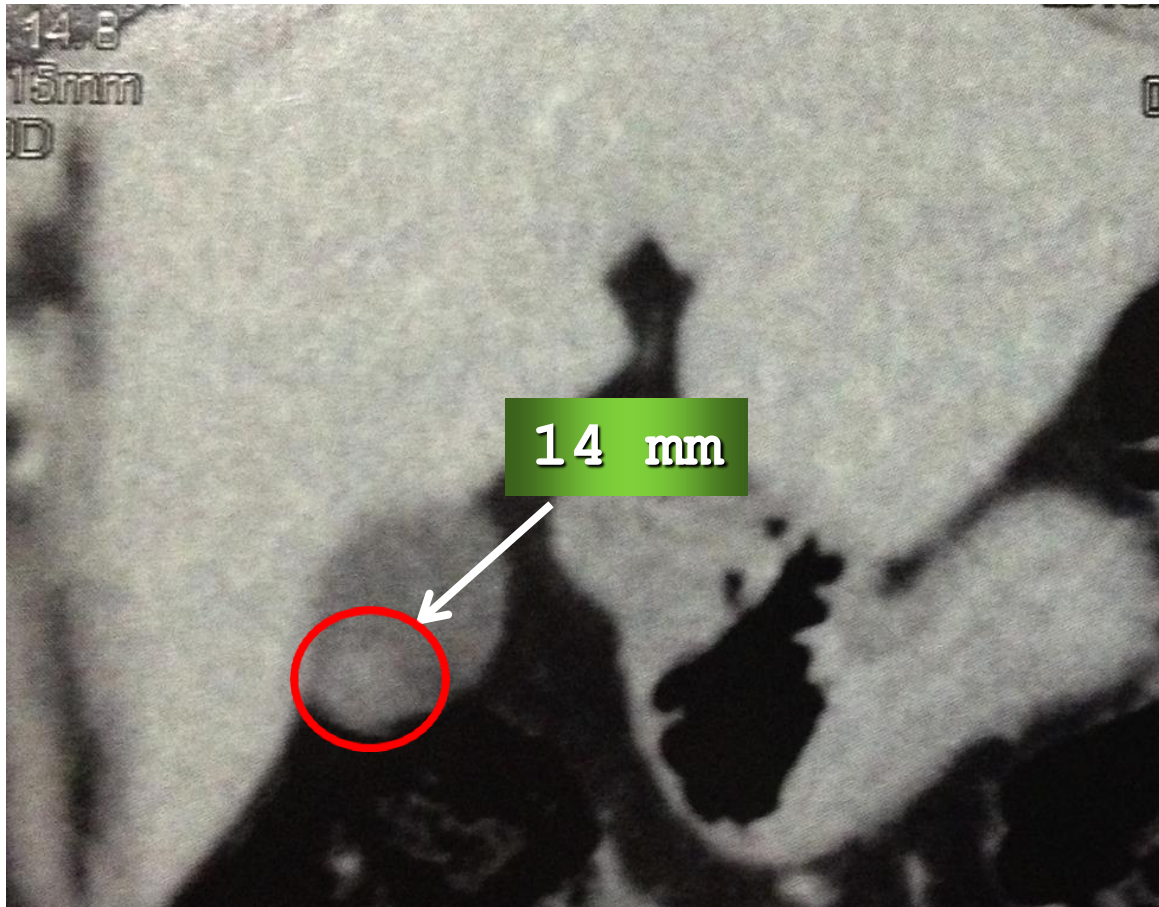
LESÃO POLIPÓIDE



- ☐ ≤ 6 mm
- ☐ 7-9 mm
- ☐ ≥ 10 mm

Seguimento

LESÃO POLIPÓIDE



- ☐ ≤ 6 mm
- ☐ 7-9 mm
- ☐ ≥ 10 mm

Cirurgia



Obrigado!

