

Cholecystitis glandularis proliferans (adenomyomatosis)

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Adenomyomatosis is an abnormality of the gallbladder characterized by overgrowth of the mucosa and thickening of the muscle wall, leading to cyst-like structures in the gallbladder wall or polypoid projections from the mucosa of the gallbladder and intramural diverticulae (diffuse adenomyomatosis). While generally not considered to be a premalignant condition, there is a clear association of adenomyomatosis with cholelithiasis.

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These can be complicated by intramural, and later extramural, abscess and potentially fistula formation. If symptomatic, the patient is treated by cholecystectomy (Figure 71.28).

and general supportive care d Grade I (mild) c and advanced LC technique available a c e Antibiotics a d Grade II and general (moderate) b supportive care Urgent/early GB drainage No negative predictive e Antibiotics Grade III and general (severe) organ care Negative predictive factors present and/or i no FOSF Figure 71.26 Tokyo Guidelines for the management of acute cholecystitis. c general supportive care fail to control in /f_l amination. CCI 5 or less and/or ASA-PS class II or less (low risk). e class III or greater (not low risk). Blood culture should be taken before initiation of administration of antibiotics. g formed during GB drainage. In cases of serious operative dif /f_i culty, bail-out procedures including conversion should be considered. predictive factors: jaundice (TBil \geq 2 mg/dL), neurological dysfunction, respiratory dysfunction. j reversible after admission and before early LC. CCI 4 or greater, ASA-PS 3 or greater are high risk. advanced laparoscopic techniques are available. ASA-PS, American Society of Anesthesiologists physical status; CCI, Charlson comorbidity index; GB, gallbladder; LC, laparoscopic cholecystectomy; PS, performance status; TBil, total bilirubin. (Reproduced with permission from Okamoto K et al . Tokyo Guidelines 2018: /f_l owchart for the management of acute cholecystitis.

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