

Gallbladder polyps

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Polyps of the gallbladder are incidental findings during radiological imaging of the abdomen. The polyps are more often benign (cholesterol polyps, adenomyomas, inflammatory, adenomas or miscellaneous) but may be malignant (adenocarcinoma [80%] or squamous cell carcinoma, or cystadenomas). A majority of polyps remain stable. Cholecystectomy should be considered in symptomatic patients or as prophylaxis to prevent malignant transformation in those who also have gallstones, primary sclerosing cholangitis (PSC), biliary have Carl Freiherr von Rokitansky, 1804–1878, pathologist, Vienna, Austria. Karl Albert Ludwig Aschoff, 1866–1942, pathologist, Freiburg, Germany. colic or pancreatitis. Polyps in patients older than 50 years, sessile polyps with wall thickening greater than 4 mm and polyps larger than 10 mm merit cholecystectomy. Smaller polyps should be kept under observation and need surgery if the size is increasing.

Figure 71.29 Cholecystogram showing diverticulosis with dots of contrast medium in the gallbladder wall. Figure 71.30 Xanthogranulomatous cholecystitis. Infiltrates in the wall of the gallbladder show foamy macrophages (arrow), giant cells and lymphoplasmic cells in the background (courtesy of Dr Amita Joshi, Mumbai, India).

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