

# GENERAL SURGERY NEWS

## IN THE NEWS

ISSUE: 9/2008 | VOLUME: 35:09

### **Assessing Gallbladder Polyps: More Than Size Matters** Determining Malignancy Potential and the Need for Surgery in Patients With Polyps

Mary B. Nierengarten

SAN DIEGO—Patients with gallbladder polyps that are greater than 5 mm in size should be evaluated by a surgeon to determine malignancy potential and whether surgery or surveillance is warranted, according to research presented to gastroenterologists at the 2008 Digestive Diseases Week annual meeting.

“A surgeon should see any patient with a gallbladder polyp greater than 5 mm in size,” said Kevin E. Behrns, MD, chief of general surgery at the University of Florida in Gainesville, adding that polyps less than 5 mm almost never harbor malignancy, so surveillance is sufficient.

But for polyps greater than 5 mm, Dr. Behrns recommends that further evaluation to determine the need for surgery include size of polyp, growth rate, morphology and patient demographics.

Although it is generally thought that polyps 10 mm or larger have increased cancer potential that indicates the need for surgery, said Dr. Behrns, he emphasized the need to evaluate factors other than size based on evidence showing that 14% to 22% of polyps between 5 and 15 mm in size are malignant.

“The critical decision is what to do with gallbladder polyps that are 5 to 15 mm in size,” said Dr. Behrns. “Those less than 5 mm almost never harbor malignancy, whereas those greater than 15 mm have a 45% to 70% chance of being malignant.”

Dr. Behrns also focused on criteria that clinicians can use to determine malignancy potential and the need for surgery in patients who present with polyps. Factors associated with an increased risk for cancerous polyps include primary sclerosing cholangitis (PSC) and advancing age. Morphologic factors include polyps that are 10 mm or more in size, rapidly growing polyps and sessile polyps. Dr. Behrns suggested using imaging studies, including endoscopic ultrasonography, to help determine

morphologic features of the polyp that may suggest malignancy.

Using these demographic and morphologic risk factors, Dr. Behrns recommended cholecystectomy for polyps that are greater than 15 mm, for rapidly growing polyps between 5 and 15 mm, for sessile polyps and for polyps in patients with PSC.

Surveillance can be considered for stable pedunculated polyps that are 5 to 15 mm and for patients in whom cholecystectomy would be associated with significant morbidities. For all patients who are followed, Dr. Behrns emphasized the need for ultrasound surveillance every three to six months to establish the growth rate of the polyps.

Syed Ahmad, MD, assistant professor of surgery, University of Cincinnati, moderator of the presentation, agreed with these criteria and emphasized the need to follow patients who are under surveillance every six months initially and yearly thereafter if they are considered stable.

"The risk with surveillance is that polyps may undergo malignant degeneration prior to you detecting them," he said. "However, if this happens, the polyps are usually caught in the early stage."

The key to managing these polyps, he said, is to consider the needs of each patient. "Every patient needs an individualized approach based on their risk of having surgery and the criteria of their polyps," he said.

\*\* This site offers a selection of articles from the current issue. For access to complete content, make sure you are receiving the print edition of GSN. [Click here for a free subscription.](#)

---

Copyright © 2000 - 2008 McMahon Publishing Group unless otherwise noted.  
All rights reserved. Reproduction in whole or in part without permission is prohibited.