

Gallbladder Polyps

Gallbladder polyps are growths arising from the inner lining of the gallbladder. They are commonly detected incidentally during abdominal ultrasound scans performed for unrelated reasons. The majority of gallbladder polyps are benign; however, a small proportion carry a risk of malignancy and therefore require careful assessment and management.



SYMPTOMS AND SIGNS

Most gallbladder polyps are asymptomatic and do not cause specific symptoms.

When symptoms occur, they are often non-specific and may include:

- Intermittent right upper abdominal discomfort
- Bloating or indigestion
- Nausea, particularly after meals

Symptoms are more commonly related to co-existing gallstones rather than the polyp itself.



DIAGNOSIS

Gallbladder polyps are usually diagnosed with abdominal ultrasound. Key features assessed include:

- Polyp size (in millimetres)
- Number of polyps
- Shape (sessile or pedunculated)
- Gallbladder wall thickening
- Presence of gallstones

Additional imaging such as MRI, CT, contrast-enhanced ultrasound, or endoscopic ultrasound may be used in selected cases.



RISK OF GALLBLADDER CANCER

Most gallbladder polyps remain benign. However the natural history of gallbladder polyps is to grow over time, and the risk of transformation to cancer is related to size of the polyp. Because of this, gallbladder polyps require long term surveillance, until such point that they meet the guideline threshold for surgery, or if they demonstrate no growth over a prolonged period of surveillance. Aside from polyp size, rate of growth and certain patient-specific risk factors are all considered in deciding on preventative surgery to remove the gallbladder.



MANAGEMENT AND TREATMENT

Management is guided by recommendations from the European Society of Gastrointestinal and Abdominal Radiology (ESGAR), which provides contemporary evidence-based guidelines.

Polyps < 6 mm:

- Very low malignancy risk
- Ultrasound surveillance required at 6 months, then 2 yearly for patients without risk factors.

Polyps 6–9 mm:

- Ultrasound surveillance recommended
- Follow-up at 6 months, then annually for up to 5 years
- Surgery considered if growth occurs or risk factors are present

Polyps ≥ 10 mm:

- Cholecystectomy recommended due to increased malignancy risk

Risk factors lowering the threshold for surgery include:

- Age over 50 years
- Sessile morphology
- Rapid growth
- Gallstones
- Primary sclerosing cholangitis
- Gallbladder wall thickening



WHEN SHOULD YOU SEE A SPECIALIST?

Specialist review is recommended if:

- Presence of symptoms
- A gallbladder polyp ≥ 6 mm is detected
- The polyp increases in size on follow-up imaging, even if <6mm
- Other risk factors for gallbladder cancer are present
- There is uncertainty regarding diagnosis or management.