

Euro Gastro 2019: GB Polyps: Does one need to have Cancer Phobia from GB Polyp? - Aaditya Bhatwal - Amrita Institute of Medical Sciences, India

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Introduction: Incidental detection of gallbladder (GB) polyps are common, however further follow up and management is still a dilemma. Extensive use of imaging modalities like ultrasonography (USG) has attributed higher incidence of GB polyps, however limitation of USG for confirmation of true polyps has raised need for correlation with clinical symptoms and assessment of outcomes to determine further management. This study was aimed to assess the true outcome of lesions suspected or diagnosed as gall bladder polyp on USG.

Material & Methods: Total 108 patients with GB polyp diagnosed on USG between Jun' 2008 and Jun' 2014 at Amrita Institute of Medical Sciences, Kochi were included in the study. All subsequent USG reports of these patients were reviewed to determine changes in GB polyp size. The computerized hospital based medical record was searched to obtain clinical and pathologic followup including those who underwent surgery for the diagnosis or symptoms thereof. Statistical analysis of study outcomes was done using statistical software after ensuring accuracy and quality of data.

Results: 108 patients (mean age 50.4 ± 13.3 years; range, 21-80 years) with GB polyps were included in the study. USG of abdomen was done in 46% of cases due to symptoms related to GB disease while 20% symptoms unrelated to GB disease and rest 34% had USG as a subset of general health check-up with mean polyp size of 4.7 mm. USG follow up was performed in 53 (49%) patients with mean follow up duration of 24 months (range 1-5 years). 20 (18.5%) patients underwent cholecystectomy and none of them came as true polyps on histopathology, 25 (23%) patients were lost to follow up after primary USG and 10 (9.25%) patients died due to reasons unrelated to GB disease.

Conclusion: The prevalent risk of malignant transformation of GB polyps and increased usage of imaging modalities results in over diagnose GB polyps on USG by radiologists. Higher imaging modalities do not add significant specificity in diagnosis of true polyp. However, a large cohort must be studied prospectively for confirmation.