

Evidence Discussion: Gallbladder (AB-28.1)

Transabdominal ultrasound is the preferred modality for surveillance of polyps, aiming for stability at the 5-year mark as an endpoint. There is insufficient data that advanced imaging (CT or MRI) should be used ahead of conventional ultrasound in the investigation of gallbladder polyps.¹

Cholecystectomy is recommended for symptomatic patients, lesions that increase by more than 2 mm in size, and polypoid lesions in patients who are considered high risk.

There is no role for CT, MRI, or endoscopic ultrasound in the surveillance of polypoid lesions of the gallbladder. However, advanced imaging is useful in evaluation of ultrasound findings that are suspicious for malignancy. CT can help to demonstrate any bile duct dilation as well as assist in staging, planning, and management of any found malignancy.⁴

Ultrasound is also the preferred modality for gallbladder adenomyomatosis. Bonatti, et al. state “the use of high-frequency probes and a precise focal depth adjustment enable correct identification and characterization of GA in the majority of cases”. MRI is reserved only for instances of suspected gallbladder adenomyomatosis when ultrasound techniques are inconclusive.⁵

References:

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