

## Case 6

- Next step?
  - Repeat USS in 6 months
  - Other imaging modality
  - Refer for cholecystectomy ←

# Gallbladder in general

- Clinical
  - Biliary-colic type symptoms
  - Examination usually unremarkable
- Imaging
  - USS
    - Assess gallbladder wall, content (stones/polyps), CBD
    - Assess liver/pancreas
  - Other imaging modality – MRCP/HIDA
- Pathology
  - Biochemical
    - Bilirubin (ALP/GGT to lesser extent), lipase
    - CA19-9 / CEA / CA12-5

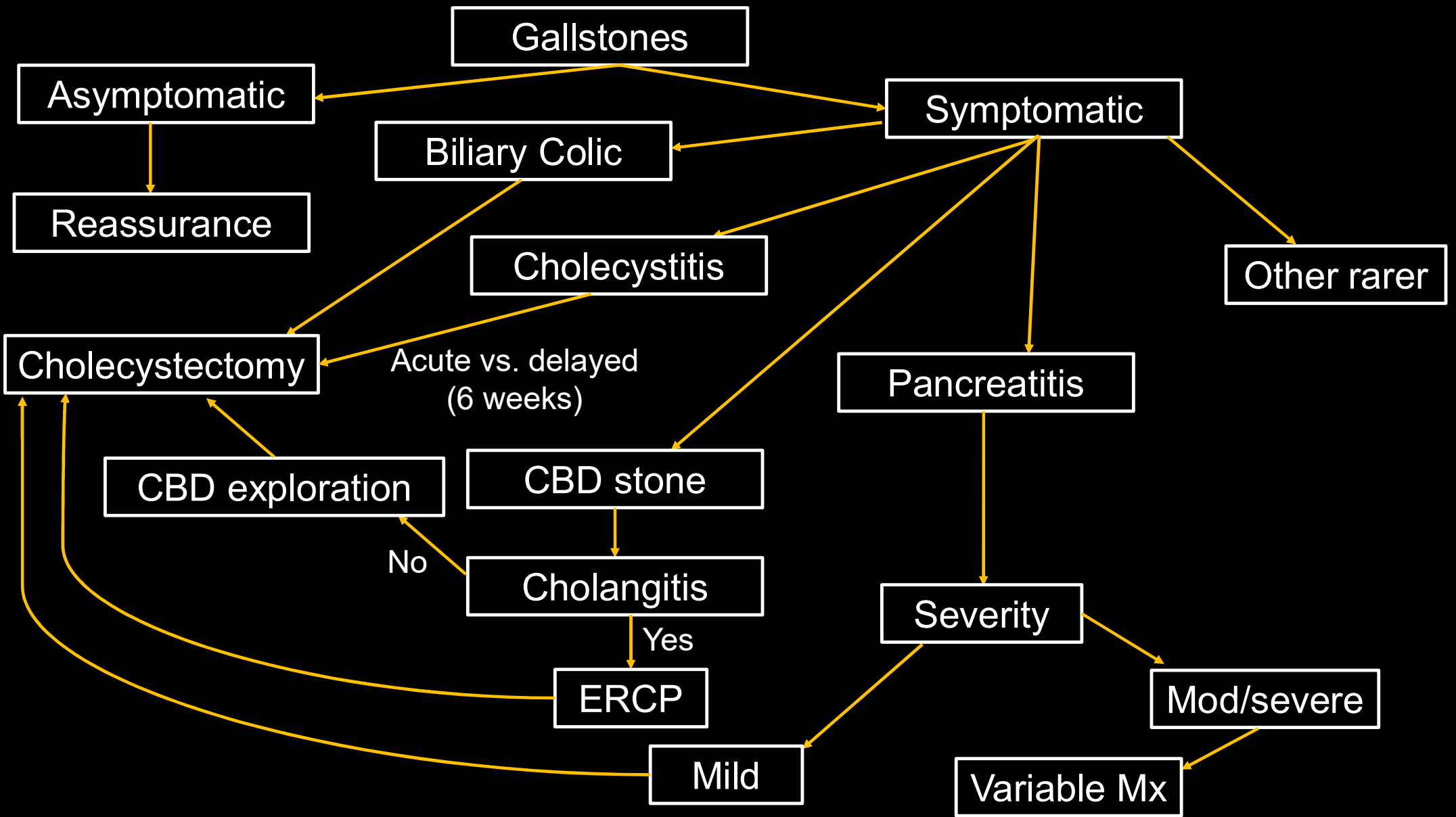
# Gallbladder Polyps

- Definition
  - Growth/lesions within wall of gallbladder
  - Some can actually be gallstones...
  - More common in Asian population especially Chinese



# Gallbladder Polyps

- Management based on symptoms / size / certain population
  - Asymptomatic – Observe with surveillance USS
  - Symptoms of biliary colic
    - Recommend surgery
  - Size
    - < 6 mm – Annual USS
    - 6 to 9 mm – 6-monthly USS (theoretically)
    - $\geq$  10 mm – Recommend cholecystectomy
  - Risk group for malignancy
    - Age > 60, PSC, Asian ethnicity, sessile lesion (focal wall thickening >4mm)
    - Recommend cholecystectomy



# Summary

- Hernia
  - Diagnosis predominantly clinical
  - Imaging used in certain cases
    - Different modality for different reasons
  - Tender & irreducible hernia -> Acute referral
- Gallbladder polyps are common
  - Asymptomatic can be surveilled with USS
  - $\geq 10$  mm refer for surgery
- Cholelithiasis
  - Usually straight-forward management
  - Deranged LFTs / mod-severe pancreatitis are outliers
- If any doubt/questions, happy to provide advice

