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MODERN TRENDS IN THE TREATMENT OF GALLBLADDER POLYPOSIS

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Актуальность. Background. A gallbladder polyp (GBP) is a benign tumor localized on the inner wall of the gallbladder and grows into it's lumen, and also has an epithelial origin [1]. Polyps can be single or multiple (polyposis) [1]. There are fibrous, papillary and tubular polyps according to the histological structure [1]. There are no any specific clinical signs of gallbladder polyps.

Цель. Objective. Analysis of the results of surgical treatment of gallbladder polyps in the clinic of General Surgery in Grodno State Medical University over the past 5 years (2017-2021).

Методы исследования. Materials of research. The analysis of the results of diagnosis and treatment of 153 patients who were hospitalized over the past 5 years (2017-2021) in the General Surgery clinic on the basis of the City Clinical Hospital №4 in Grodno with diagnosis of gallbladder polyps. Among the analyzed patients

there were 104 (67,9%) women and 49 (32,1%) men aged from 18 to 79 years. The main method for diagnosing of gallbladder's polyps was ultrasound of the hepatobiliary system. It was performed in all patients, and in 115 (75,1%) of them it was performed 2 times or more. Doubts about the recognition of polyps of the gallbladder arose during ultrasound in 9 patients (5,8%), and they underwent CT scan, which confirmed the diagnosis of polyposis of the gallbladder.

Результаты и их обсуждение. 153 patients with gallbladder polyps underwent surgical treatment. Laparoscopic cholecystectomy was performed in 152 (99,3%) of them. One patient had a postoperative ventral hernia: herniolaparotomy, open cholecystectomy, and plastic surgery of the anterior abdominal wall using a mesh graft were made. Solitary polyps were present in 46 (30%) patients, 2 polyps in 35 (22,8%) patients, more than two – in 72 (47,2%) patients. The small size of polyps (less than 5 mm) was found in 22 (14,3%) cases, the average size (5-10 mm) was noted in 98 (64%) people, large polyps (more than 10 mm) were detected in 33 (21,7%) patients. The results of histological studies showed that the most common were adenomatous polyps (93 patients, 60,7%), hyperplastic polyps occurred in 39 patients (25,4%) and cholesteric polyps in 21 (13,9%). Histological examination of polyps revealed highly differentiated adenocarcinoma of the gallbladder in 2 patients. The postoperative period in all patients was uneventful. Drainage tubes inserted into the abdominal cavity were usually removed on the next day after the operation.

Выводы. Conclusion. Patients with small polyps (up to 5 mm) should be followed up with obligatory ultrasound every 6 months, CT scan or MRI of the gallbladder should be performed in doubtful cases. Dispensary observation continues in the absence of polyp growth. Patients whose polyps increase in size or increase in number should undergo laparoscopic cholecystectomy. Laparoscopic cholecystectomy is performed with multiple medium polyps (5-10 mm), with polyps on a wide base for oncological reasons (age, oncological anamnesis), other patients are subject to dispensary observation. In the presence of large polyps, as well as in the combination of cholelithiasis with polyps, regardless of their size, laparoscopic cholecystectomy is indicated.

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