

Sessile morphology, primary sclerosing cholangitis, and rapid growth involved in increased malignancy of vesicular polyps

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Dear Editor:

Best regards. After reading the article “Risk Factors of Vesicular Polyps Malignancy in Two Public Hospitals in Peru”, we consider that three variables should have been included, such as the polyp of sessile morphology, the rapid growth of the vesicular polyp and primary sclerosing cholangitis, since the literature reports that they are associated with the increase in malignancy of vesicular polyps.

Polyps are protrusions or delimited elevations of the mucosa that project into light; they usually grow in hollow organs such as colon, intestines, stomach or gallbladder; and are caused by lipid deposits, inflammatory processes or neoplasms⁽¹⁾. Vesicular polyps present several malignant risk factors already described in the aforementioned article, within which we want to include sessile polyps, since they have a wide implantation base (approximately 2 cm), without stem, which allows the accelerated cancerous expansion⁽²⁾. They have a higher rate of appearance in the colon, however, they may appear in the gallbladder⁽¹⁾. Its diagnosis is usually incidental by means of a transabdominal ultrasound, which is performed when the patient has abdominal pain; in addition, if this polyp is >10 mm and coexists with ascending cholangitis, the potential for malignancy risk increases⁽³⁾. We must note that its presence is easy to identify by the ultrasound of the bile ducts, whose definitive diagnosis would be made through an anatomopathological analysis. Furthermore, in a surgical resection this sessile morphology would be evident in macroscopic observation.

According to the study conducted by Wilches, if the polyp was solitary and sessile, the probability of malignancy is 24.8% and cholecystectomy is recommended⁽⁴⁾. Likewise, Bhatt et al., indicate that sessile polyps were 59% of the times associated with developing malignancy because their morphology increases the risk to more than 7 times⁽⁵⁾.

On the other hand, primary sclerosing cholangitis is a chronic liver disease characterized by inflammation and fibrosis of the bile, intra- and extrahepatic ducts⁽⁶⁾. The presence of this disease increases the malignancy of vesicular polyps, which makes progression to cholangiocarcinoma easier. Chronic inflammation and irritative damage of the epithelium lead to mucosal lesions, which increases susceptibility to adenocarcinomas or cancer of the bile ducts; in addition, if there is any abnormality in the structure of the biliary tree, specifically the junction of the pancreatic duct and the bile duct, this will further increase the chances of the development of the neoplasm⁽⁵⁾.

According to the study conducted by Andrés-Sandberg, whose sample was 1558 patients with gallbladder polyps, although it takes about 7 years to notice the growth

of neoplastic polyps⁽⁷⁾, there are reported cases in which the growth of vesicular polyps occurred in a shorter period of time; for this reason, ultrasound follow-up should be carried out after the detection of the polyp. In these cases, the most appropriate treatment is cholecystectomy⁽⁸⁾.

In conclusion, the presence of a polyp of sessile morphology, primary sclerosing cholangitis and rapid growth would represent risk factors involved in the development of malignancy. Due to the above, we believe it is appropriate to include these variables in your study.

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Reply to the letter to the editor

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Dear Editor:

We have received the letter “Sessile morphology, primary sclerosing cholangitis, and rapid growth involved in increased malignancy of vesicular polyps”⁽¹⁾, in which the authors indicate that three variables of importance should have been included in the original article in question⁽²⁾; we welcome the comments and, on behalf of all the authors of the original article, I will proceed to reply.

In the first instance, we agree with the authors of the letter that the sessile morphology of the polyp, the presence of primary sclerosing cholangitis and a rapid growth of the polyp are risk factors for vesicular polyp malignancy, according to the relevant literature. Regarding the morphology of the polyp, this is an important variable that was not included in our database since it was originally created for surveillance and not research purposes (this was included within the limitations of our report); therefore, the specific collection of this variable was not considered. In addition, while the sessile morphology of the polyp is an important feature, it is rare⁽³⁾, especially in benign polyps (which were the majority of evaluated cases); this could be one of the probable causes for the original non-collection of this variable.

As far as primary sclerosing cholangitis is concerned, this is a disease that mainly affects intra- and extrahepatic ducts; in fact, there are few (about 15%) cases in which the gallbladder is affected⁽⁴⁾. The main diagnostic procedure for this disease is magnetic resonance cholangiography⁽⁵⁾, so this variable could not have been collected through the vesicular biopsy described in our study. The same happens with the speed of growth variable, whose collection requires information about the follow-up of a vesicular polyp after it has been diagnosed; this is rare, as most vesicular polyps are found incidentally. Even if this follow-up had taken place, this information was not included in the database used for our study.

The absence of these variables implies a limitation that is typical of studies carried out based on secondary data, since their collection was not originally oriented to solve a specific research issue. Nevertheless, we consider that the data provided by our study is still relevant, since it shows that risk factors for malignancy of vesicular polyps could differ in some characteristics found in the Peruvian sample, compared to the reports of other regions of the world. Therefore, we deem the suggestions given by the authors of the letter to the editor important, and we believe these should be taken into account in research with primary data collection, which would allow us to better establish the risk factors for malignancy in our environment and help decision-making in patients who could be at risk of this serious disease.

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