We read with interest the article by Ryong and colleagues on the use of laparoscopic cholecystectomy (LC) as prevention for gallbladder cancer. The manuscript focuses on the accidental discovery of gallbladder cancer following LC for gallbladder polyp and the occurrence of postcholecystectomy syndrome. The Pyongyang group present their experience with 292 LC performed for gallbladder polyps reporting a 7.2% incidence of malignant lesions and a rate of postcholecystectomy syndrome of 18.8%. They further note that incidence of malignancies rises with the age of patient and the size of polyps. However, the authors correctly point out that in their series 1.4% of polyp under 5 mm were malignant.

The indications to LC for gallbladder cancer prevention are still a matter of discussion. Gallbladder polyp size and patient’s age are known risk factors and have been used for prophylactic LC indications (1). LC is commonly indicated when the polyp size is greater than 10 mm, however this threshold lacks evidences and it is being discussed (1,2). Indeed, in this Korean series 3 patients with smaller polyps presented a malignancy. To define the value of prophylactic LC following the finding of gallbladder polyps a comprehensive analysis of risks, costs and benefits is needed (3).

In conclusion, we thank Ryong et al. for disclosing their experience that certainly adds interesting observations to a topic in need of more high-quality evidences.

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Footnote

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