

Gallbladder Mucocele

Resolution of a gallbladder mucocele with medical therapy alone is uncommonly reported. Surgical intervention is the recommended treatment of choice if biliary obstruction or rupture is present

Recommended Diagnostics

- Test cholesterol levels
- Test for hypothyroidism and supplement T4 if indicated
- Consider testing for hyperadrenocorticism if clinical signs are consistent.

Treatment

- Ursodiol (if no evidence of biliary obstruction): 5-7.5 mg/kg PO twice daily with food
 - Low fat diet: less than 20% fat content
 - Antibiotic therapy: Most, but not all, mucoceles are sterile but antibiotic therapy to treat possible cholecystitis or concurrent cholangitis or cholangiohepatitis should be considered. Antibiotics that cover gram negatives and anaerobes are ideal. Examples include Clavamox and enrofloxacin OR amoxicillin and enrofloxacin for 4-8 weeks minimum AND for 2 weeks past the time of mucocele resolution
 - S-adenosyl methionine (SAME): 20 mg/kg PO daily, on an empty stomach; Make sure to use bioavailable form
- *Continue antibiotics for 2 weeks past resolution or plateau of liver enzyme/bilirubin elevations AND for a minimum of 4-6 weeks. If improvement occurs, lifelong ursodiol and SAME should be considered, as well as a low-fat diet, especially if patient has elevated cholesterol*