ORIGINAL RESEARCH PAPER

General Surgery

INCIDENTALLY DETECTED CARCINOMA GALL BLADDER IN A CASE OF GALL STONE DISEASE – A CASE REPORT

KEY WORDS:

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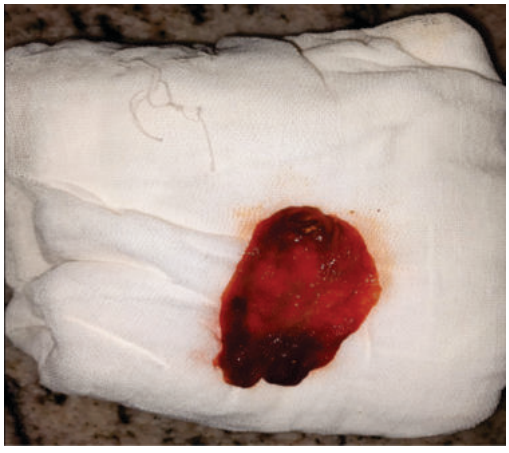
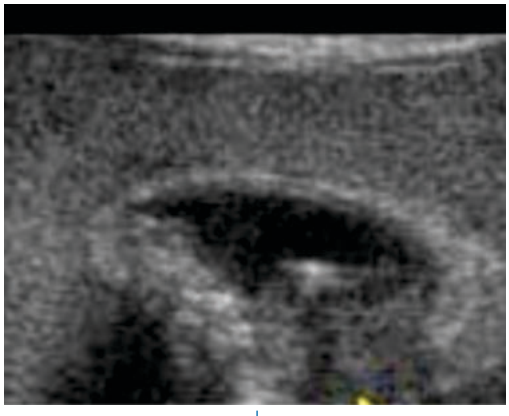
ABSTRACT

A 56 Year old female presented with complaints of recurrent upper abdominal pain which was paroxysmal lasting for about 2 hours after ingestion of fatty meals .There was no associated Nausea and vomiting on and off.The patient had no fever ,or jaundice . Ultrasonogram revealed two gall stones with no evidence of cholecystitis.A diagnosis of symptomatic gall stone disease was made and the patient underwent laparoscopic cholecystectomy.The specimen under histological evaluation revealed a Carcinoma gall bladder with invasion limited to the lamina propria. Follow up port site examinations were unremarkable.

INTRODUCTION

Carcinoma gall bladder is an indolent disease which is usually detected at an advanced stage. Etiologically it is related to the presence of inflammatory conditions of the gall bladder like gall stone disease, porcelain gall bladder,gall bladder polyps, ascending infection of the biliary tree,typhoid carrier states etc.Its more common in females . While the natural history of the disease is often asymptomatic and thus presenting at a late stage with a grim prognosis. Some patients have incidentally detected Carcinoma in the resected gall bladder specimen.Since the gall bladder has no serosal cover ,early spread to either of the surfaces ,liver or the peritoneum often is the cause for the advanced presentation of the disease .





DISCUSSION

Early stage tumors with Pathological staging limited to the T1a ,that is invasion confined to the lamina propria have less than 3 %chance of nodal metastasis. Hence they are effectively treated with Cholecystectomy alone. Beyond T1a owing to the increased chance of contiguous hepatic and nodal metastasis it mandates a wedge hepatectomy involving segments 4 and 5 along with nodal dissection of the pericholedochal,pericystic ,portal and retro pancreatic lymph adenectomy .

Advanced tumors involving the liver parenchyma might need central hepatectomy and other anatomical liver resection to achieve R0 status. Metastatic disease is offered palliation in the form of biliary decompression and surgical bypass in case of gastric outlet obstruction along with gemcitabine based chemotherapy.

REFERENCES

1. Neoptolemos JP, Moore MJ, Cox TF, Valle JW, Palmer DH, McDonald AC, Carter R, Tebbutt NC, Dervenis C, Smith D, Glimelius B, Charnley RM, Lacaine F, Scarfe AG, Middleton MR, Anthoney A, Ghaneh P, Halloran CM, Lerch MM, Oláh A, Rawcliffe CL, Verbeke CS, Campbell F, Büchler MW., European Study Group for Pancreatic Cancer. Effect of adjuvant chemotherapy with fluorouracil plus folinic acid or gemcitabine vs observation on survival in patients with resected periampullary adenocarcinoma: the ESPAC-3 periampullary cancer randomized trial
2. Siegel RL, Miller KD, Jemal A. Cancer Statistics, 2017. CA Cancer J Clin. 2017 Jan;67(1):7-30. [PubMed]
3. Kiran RP, Pokala N, Dudrick SJ. Incidence pattern and survival for gallbladder cancer over three decades—an analysis of 10301 patients. Ann Surg Oncol. 2007 Feb;14(2):827-32. [PubMed]
4. Roa I, Araya JC, Villaseca M, De Aretxabala X, Riedemann P, Endoh K, Roa J. Preneoplastic lesions and gallbladder cancer: an estimate of the period required for progression. Gastroenterology. 1996 Jul;111(1):232-6. [PubMed]
5. Rahnemai-Azar AA, Weisbrod A, Dillhoff M, Schmidt C, Pawlik TM. Intrahepatic cholangiocarcinoma: Molecular markers for diagnosis and prognosis. Surg Oncol. 2017 Jun;26(2):125-137. [PubMed]
6. Prasad TL, Kumar A, Sikora SS, Saxena R, Kapoor VK. Mirizzi syndrome and gallbladder cancer. J Hepatobiliary Pancreat Surg. 2006;13(4):323-6. [