



Study of Incidental carcinoma of gall bladder in benign gall bladder disease

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ABSTRACT

Introduction: With increased awareness among the patients and advancement in diagnostic techniques most of the diseases of gall bladder present to the clinician early and carcinoma of the gall bladder which has high mortality and very poor prognosis is usually diagnosed as an incidental finding on histopathological examination.

Methods & Materials: Patients undergoing cholecystectomy for benign diseases at a private hospital in the kosi region of Bihar, India.

Results: Out of 690 patients in whom cholecystectomy was done adenocarcinoma was detected histopathologically in 6 cases (0.87%). There was no suspicion of malignancy to any of them preoperatively.

Conclusion: In the present study the rate of incidental carcinoma of gallbladder was 0.87%. The risk factors related to gall bladder cancer are cholelithiasis, advance age etc. Upon final diagnosis of adenocarcinoma of gall bladder the patients were referred to higher centre of oncology for further treatment. All the patients whose histopathological examination showed adenocarcinoma were operated for cholelithiasis. Therefore the diagnosis of cholelithiasis is an indication for cholecystectomy.

KEYWORDS : Gallbladder, Cholelithiasis, Incidental, Carcinoma.

Introduction:

In the Kosi region of Bihar, India benign gall bladder disease especially cholelithiasis is quite common and the occurrence of gall bladder cancer is not so uncommon. With increased awareness among the patients and advancement in diagnostic techniques most of the diseases of gall bladder present to the clinician early and carcinoma of the gall bladder which has high mortality and very poor prognosis is usually diagnosed as an incidental finding on histopathological examination. In this present study we tried to establish the overall rate of gall bladder cancer in the patients presenting with benign gall bladder disease based on our experience.

Methods & Materials:

From August 2008 to July 2015 a total of 690 patients underwent cholecystectomy at a private hospital in the Kosi region of Bihar, India. We retrospectively reviewed the clinical records of all the 690 patients. There were 605 female and 85 male patients. Three patients were operated for gall bladder polyp whereas the rest 687 were operated for cholelithiasis. None of these cases had preoperative suspicion of malignancy.

Results:

Out of 690 patients in whom cholecystectomy was done adenocarcinoma was detected histopathologically in 6 cases (0.87%). There were five females (83.3%) and one male (16.67%) patient. Mean age of the patients was around 49 years. All the patients whose histopathological examination showed adenocarcinoma were operated for cholelithiasis. Preoperatively in one case the mucosa of the gall bladder showed a small nodule. The clinical data and follow-up are presented in Table 1.

Discussion:

Gallbladder carcinoma is a highly malignant tumour and has poor prognosis. De Stall- [1771] was the first one to report gall bladder carcinoma¹. It is the fifth most common malignancy of gastrointestinal tract and the most common of the biliary tree and is usually discovered accidentally². The exact etiology is unknown. The most common risk factor is cholelithiasis. It is more common in females and its frequency increases with age³. The other risk factors are benign tumours, certain races, various carcinogens, abnormal union of pancreaticobiliary duct etc. Gall bladder carcinoma is diagnosed histologically in 0.3 to 1.5%⁴ of all the cholecystectomy specimens. In our study the overall rate was 0.87%. The rate of incidentally diagnosed gall bladder carcinoma has increased because of patient awareness, increased health facilities and advancement in diagnostic tools and techniques. Most of the cases in our study were diagnosed by histopathological examination. Only in one case the operated specimen had shown a suspicious small nodule on the mucosa.

Conclusion:

Gall bladder carcinoma nowadays is most commonly detected incidentally. In the present study the rate of incidental carcinoma of gallbladder was 0.87%. The risk factors widely related to the gallbladder cancer are advanced age and cholelithiasis. All the patients whose histopathological examination showed adenocarcinoma were operated for cholelithiasis. Therefore the diagnosis of cholelithiasis is an indication for cholecystectomy.

Table 1. Clinical data

Age (Yrs)	Sex	Symptoms & signs	Ultrasonography	Operative Finding	Histopathological finding	Suspicious operative finding
52	Female	Pain Abdomen, Fever	cholelithiasis	Cholelithiasis, Thickwalled GB, Adhesion at the neck	Moderately differentiated adenocarcinoma extending through serosa, Chr. Cholecystitis.	No

30	Male	Pain Abdomen, Fever	cholelithiasis	Cholelithiasis, Thickwalled GB, Adhesion at the fundus	Moderately differentiated adenocarcinoma extending through serosa, Chr. Cholecystitis.	No
51	Female	Pain Abdomen, vomiting	Cholelithiasis, pus in the gall bladder	Cholelithiasis, empyema of GB	Chronic cholecystitis with Well to moderately differentiated adenocarcinoma extending through serosa	No
49	Female	Pain Abdomen,	Cholelithiasis, adherent sludge	Cholelithiasis, one small nodule of 0.4cm size over the mucosa, GB thin walled	moderately differentiated adenocarcinoma extending through serosa	Yes
67	Female	Pain Abdomen, Fever	cholelithiasis, sludge	Cholelithiasis, sludge, thin walled GB	carcinoma in situ of gall bladder	No
44	Female	Pain Abdomen, vomiting	cholelithiasis	Cholelithiasis, Thickwalled GB, empyema of GB	Chronic cholecystitis, with moderately differentiated adenocarcinoma extending through serosa	No

CONSENT:

No special consent was taken as the treatment given was in accordance with the current treatment practices in the unit.

ETHICAL APPROVAL:

No prior ethical approval was taken as no experimental drug or procedure was carried out in the management of this condition as highlighted in the paper

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