



STUDY OF INCIDENTAL CARCINOMA GALL BLADDER DURING LAPAROSCOPIC CHOLECYSTECTOMY

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ABSTRACT

Finding of gall bladder carcinoma intra operatively or as a histo-pathological surprise after cholecystectomy done for primary benign disease is called an incidental gallbladder carcinoma. The study was done to review intraoperative diagnosis of ca gallbladder and their management. In this study it was seen that rate of detection of incidental ca gallbladder has increased after laparoscopic technique. This incidental finding has altered the management and outcome of the disease.

KEYWORDS : Incidental gall bladder carcinoma, frozen section biopsy, radical cholecystectomy

INTRODUCTION-

Carcinoma of gallbladder is the 5th most common cancer of digestive tract and the most common malignancy of the biliary tract. The clinical manifestations of gall bladder carcinoma are generally indistinguishable from those associated with cholecystitis or cholelithiasis. Around 90% of GB (Gall bladder) carcinoma have accompanying stone. Stones and chronic inflammation are the risk factors for carcinoma of gallbladder. However, only 0.5–3% of patients with cholelithiasis will develop gallbladder cancer. Laparoscopic cholecystectomy (LC) has been the gold standard treatment for gallstone disease for over two decades. LC performed for gallstone disease rarely results in a diagnosis of unexpected gallbladder cancer. The diagnosis of ca gallbladder as incidental finding occurs at an earlier stage after the widespread use of laparoscopic technique. Despite recent progress in diagnostic technique and equipment, preoperative diagnosis of ca gallbladder is often difficult. Recent studies have revealed an increase in the diagnosis of iGBC, with approximately 50% of all new GBC cases detected incidentally at cholecystectomy. In the English-language research literature, the incidence of gallbladder cancer diagnosed during or after LC is 0.2%–2.85%. In patients presenting after the diagnosis of iGBC, data have shown that many of these patients will have residual disease. Furthermore, survival may be worse for certain patients with iGBC who do not undergo an R0 resection at their initial operation. With the increased frequency of cholecystectomy and potentially poorer prognosis for patients with residual disease at reoperation for iGBC, preoperative diagnosis of GBC has become increasingly important. If ca gallbladder is suspected preoperatively, open cholecystectomy must be performed to enable a complete evaluation of the disease extent and to allow radical resection. However, if diagnosis was made on histopathological examination of specimen, CT scan, MRI has to be performed before re-exploration.

MATERIAL AND METHOD-In this study 142 cases of lap cholecystectomy included which were performed in surgery dept, JLNMC Bhagalpur, Bihar from February 2016 to January 2017. Both male and female were included. Age group was between 14 year to 65 year. The material of the study comprised of all the patients of benign disease undergoing lap cholecystectomy. Patients had received full counselling and gave informed consent to the surgery.

RESULTS- All 142 patients had undergone lap technique. The younger was 14 year and eldest was 65 year old. In the present series female to male ratio was 5:1. Overall incidental ca gallbladder was suspected in 10 patients. But histopathological finding confirmed ca gallbladder in 8 out of 10 patients.

DISCUSSION-Ca gallbladder is the fifth most common GIT malignancy in western countries, with approximately 5000 new

cases diagnosed annually in USA. Gallbladder carcinoma as incidental finding has been reported in 0.25–3% patients and almost 50% of these patients are discovered during or after laparoscopic cholecystectomy for benign pathology. Depending upon the regional prevalence, 0.1–6% of all patients undergoing cholecystectomy will have an incidental discovery of gallbladder carcinoma. As in our study, the prevalence is 5.6% which indicates that incidence of ca gallbladder is very high than its reported incidence in the other part of the world. The incidental finding has obviously altered the management and outcome of this disease. In a situation of suspicion of ca gallbladder during laparoscopic surgery, intraoperative staging should be done. A thorough laparoscopic examination of the abdominal cavity is also mandatory.

CONCLUSION- In our clinical practice incidental ca gallbladder are frequently diagnosed because of increased referral for laparoscopic cholecystectomy. These cases are usually diagnosed at an earlier stage than nonincidental diagnosed ca gall bladder. Simple cholecystectomy is considered to be adequate procedure for Tis and T1a. Lesion with T1b and beyond should be treated with radical cholecystectomy with R0 margin. Bile duct resection is done for cystic duct margin positive cases. Liver resection and multiorgan resection are done in selected group of patients. 5 year survival after simple cholecystectomy is between 99–100% for Tis T1a ca gallbladder. It is only 40–50% for T1b ca gallbladder. So it can be concluded that survival is related to the depth of invasion of the tumour.

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