



A RARE CASE OF CARCINOMA GALL BLADDER WITH BRAIN METASTASIS

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ABSTRACT

Gallbladder cancer accounts for 2-4% of all malignant gastrointestinal tumors. It is an aggressive disease with early dissemination to regional and distant sites. Metastatic involvement of central nervous system is rare and associated with poor prognosis. We report a case of 35-year-old female who presented with locally advanced disease. Magnetic Resonance Imaging (MRI) brain showed multiple brain metastasis. Patient was managed with palliative chemotherapy and radiotherapy and after 3 months of follow-up she was alive and symptomatically better.

KEYWORDS : metastasis, gallbladder

INTRODUCTION

Gall bladder cancer constitutes 2-4% of all malignant gastrointestinal (GI) tumours (1). It is an aggressive tumour with very high propensity for regional and distant metastasis. About 35% cases have nodal involvement and 40% of cases present with distant metastasis at the time of presentation (2). Liver is most common site of metastasis (3). Brain is a rare site of metastasis for carcinoma gall bladder.

CASE PRESENTATION

A 35-year old female presented with chief complaints of lump in abdomen with associated pain for last 4 months. She was also having complaints of headache, nausea and vomiting for past 2 months. She underwent fine needle aspiration cytology (FNAC) from the abdominal lump outside the institution before presenting to us and the histology was adenocarcinoma. On examination, patient was having a 4x4 cm, fixed, firm to hard, tender lump in right hypochondrial region. No other abnormality was detected. Contrast-enhanced computed tomography (CECT) scan whole abdomen showed heterogeneously enhanced gall bladder mass lesion infiltrating in to adjacent liver parenchyma. There was no other mass lesion in the abdomen. Magnetic Resonance Imaging (MRI) brain showed features suggestive of brain metastasis. Review of histology was done inside the institution and it also came out adenocarcinoma. CECT thorax was normal. Patient was further managed with palliative chemotherapy and radiotherapy (RT). She received RT dose of 30Gy/10#/2 weeks and showed partial subjective response after 3 months of follow-up.

DISCUSSION

Carcinoma gallbladder is most common biliary tract malignancy. Its peak incidence is in seventh decade of life (4). Its incidence is higher in Northern region of India. It is an aggressive disease and frequently infiltrates liver. Liver is also most common site of metastasis of the disease. However, it seldom metastasizes to central nervous system (CNS). The incidence of CNS metastases from gallbladder carcinoma is approximately 2% (5,6). CNS metastasis is usually associated with other sites of systemic metastasis, however in the present case there was no other metastatic site.

Surgery followed by RT is associated with better survival results as compared to RT alone. In the present case patient was having multiple brain metastases and the general condition of the patient was also not suitable for surgery. Solitary brain metastasis has better survival as compared to multiple (7).

The prognosis of carcinoma gall bladder is poor except when detected in early stages. It has a five year survival of about 5% with a

median survival of about seven months. The median survival of patients with CNS metastasis is 3-12 months.

In the present case patient was alive after 3 months of follow-up and symptomatically better.

Conclusion

Clinicians should consider CNS symptoms while managing gall bladder cancer because brain metastasis is rare and it should not be overlooked.

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