



ADENOSQUAMOUS CARCINOMA OF GALL BLADDER : A CASE REPORT AND REVIEW OF LITERATURE

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ABSTRACT **Background-** The Adenosquamous Carcinoma is recognized as a rare histological subtypes of Adenocarcinoma of Gallbladder, where squamous component of tumor constituted 25-99% of tumor. The incidence of Adenosquamous Carcinoma is approximately 5% of Gallbladder malignancy. The overall five year survival rate of Adenosquamous Carcinoma is less than 5% with a median survival of less than 6 months (worse than Adenocarcinoma of Gallbladder). Adenosquamous Carcinoma have aggressive biological behavior due to their potential for direct extension into the Liver and neighbouring structures.

Case Report- We present here a rare case of Adenosquamous Carcinoma of Gallbladder Stage IV in a 64-year-old woman who presented with right upper abdominal pain and Patient was diagnosed as Gallbladder perforation with cholecystocolic fistula. Cholecystectomy with Right hemicolectomy was performed and specimen of Gallbladder, Intestine and appendix was received in our Department of Pathology Dr S N Medical college Jodhpur for Histopathological examination.

Conclusion- Adenosquamous carcinoma is a rare malignant tumor having aggressive biological behaviour. Reporting this rare malignant tumor adds to the literature and helps in better understanding the biological nature and pathological characteristics of this rare tumor.

KEYWORDS : Adenosquamous, Gallbladder, Carcinoma.

INTRODUCTION:

Primary carcinoma of Gallbladder is an uncommon neoplasm comprising of 1% of all malignancies(1). It is more frequent in females with a M:F ratio of 1:3. A definite epidemiologic correlation between carcinoma Gall bladder and cholelithiasis exists but the pathogenetic relationship between them remains obscure. Adenocarcinoma is the most frequent histologic subtypes, in contrast Adenosquamous carcinoma incidence is less common reaching upto 4% only(2). These tumors have a more aggressive behaviour than pure Adenocarcinoma (3). They grow very rapidly hence diagnosed at an advanced stage(4).

CASE REPORT:

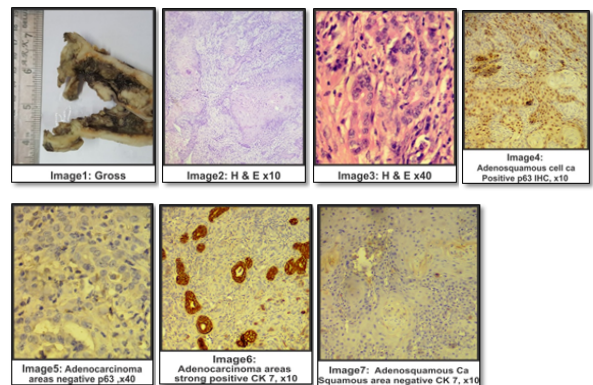
A 64-year-old woman presented with right upper abdominal pain, nausea, vomiting for past 1 month. USG whole abdomen suggest the possibility of chronic peritonitis with ?hollow viscus perforation with a suspicious mass in Gall bladder. In Laboratory findings Hb-11.7 gm/dl platelets-30000/cumm WBC -12240/cumm S. bilirubin total-1.15mg/dl S.bilirubin direct-0.53g/dl S.Total protein-4.54gm/dl S.albumin-2gm/dl and other parameters are in normal limits. Patient is diagnosed as Gallbladder perforation with cholecystocolic fistula. Cholecystectomy with Right hemicolectomy was performed and specimen of Gallbladder, Intestine and appendix was received in our Department of Pathology Dr S N Medical college Jodhpur for Histopathological examination.

PATHOLOGICAL FINDINGS:

Grossly we received already cut open cholecystectomy specimen measuring 7x4x2cm. The external surface is grey brown. The cut surface showed an friable mass measuring 3x2cm present in Fundus and an ulcerated area measuring 3x1.5cm involving body and neck of Gallbladder.

Microscopic examination showed replacement of Gallbladder mucosa by sheets and nests of malignant squamous cells admixed with malignant adenocarcinomatous gland lined by atypical cuboidal cells showing high nuclear cytoplasmic ratio, nuclear pleomorphism and prominent nucleoli. Tumor was extending upto fibrofatty tissue. These features are suggestive of Adenosquamous carcinoma of Gallbladder involving the full thickness of Gallbladder with extension into fibrofatty tissue.

IHC for P63 and CK7 was performed, showed diffuse strong positivity in squamous areas for P63 and focal positivity for Ck7 in adenocarcinomatous areas. Thus our diagnosis was confirmed as Adenosquamous carcinoma of Gallbladder.



DISCUSSION:

Primary adenosquamous carcinoma of Gallbladder is well recognized as a separate entity in WHO classification of tumors of Gallbladder and extrahepatic bile ducts(5). Adenosquamous carcinoma of Gallbladder is predominantly seen among females of 4th to 6th decade. Patients usually present with right hypochondriac pain, jaundice, fever and constitutional symptoms. Adenosquamous is a rare histologic subtype comprising of 4% of all malignant Gall bladder masses, most common being Adenocarcinoma which comprise of 90% of cases. Squamous differentiation can be seen in 7% of Gall bladder Adenocarcinoma(6). Those with squamous differentiation less than 25% of the tumor are reported as focal squamous change and those with 25-99% qualify as Adenosquamous carcinoma of Gall bladder. Pure squamous cell carcinoma without any glandular component is highly uncommon constituting about 1% of cases. Squamous and Adenosquamous carcinoma appear necrotic frequently. They tend to have significant inflammation hence the importance of viewing multiple sections to rule out malignancy and a mistaken diagnosis of chronic cholecystitis with cholelithiasis. Such cases later on present with Liver metastasis. Giant cell formation is also common which are usually of foreign body type(6). They may be associated with squamous metaplasia as well as squamous and glandular dysplasia.

Adenosquamous carcinoma is a neoplasm composed of two malignant components, one is glandular and other is squamous. Squamous component can be represented in various patterns ranging from keratinized to poorly differentiated with a pavement pattern or

intracellular functions as the only evidence. Spindle cell (sarcomatoid) and clear cell variants also occur(7,8,9) admixed with more conventional squamous areas. The mucin produced by glandular component is variable in amount and typically of sialomucin type in contrast to the predominantly sulfomucin type secreted by the normal, inflamed or obstructed Gallbladder. The squamous component proliferates at a higher rate than the glandular component(10).

Regarding histogenesis various hypotheses have been proposed including-

- 1) Malignant transformation of heterotopic squamous epithelium.
- 2) Malignant transformation of metaplastic squamous epithelium.
- 3) Squamous metaplasia of Adenocarcinoma.

Adenosquamous carcinoma of Gall bladder spreads primarily by direct extension with fewer metastasis to lymph nodes and frequent invasion to nearby organs. The high frequency of local invasion and typically advanced stage at the time of diagnosis makes the prognosis for these patients poorer compared to patients with pure Adenocarcinoma(11).

CONCLUSION:

Adenosquamous carcinoma of Gall bladder a rare case and associated with marked inflammation and necrosis hence liable to be missed. Early diagnosis improves the survival indices. Therefore complete examination of Gall bladder specimen has to be done in order to detect early adenosquamous carcinoma of Gall bladder.

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