



ORIGINAL RESEARCH PAPER

General Surgery

A STUDY OF CASE REPORT OF METASTATIC ADENOCARCINOMA ARISING IN PATIENT OF CHOLECYSTECTOMY FOR VILLIOUS ADENOMA OF GALLBLADDER

KEY WORDS: Villious adenoma, Adenocarcinoma

Dr. Savan Kalola	3rd year resident, Department of General surgery, SMIMER Hospital, Surat, Gujarat
Dr. Parag Godhani*	3rd year resident, Department of General surgery, SMIMER Hospital, Surat, Gujarat *Corresponding Author
Dr. Milan Bhingaradiya Sir	Assistant Professor, Department of General surgery, SMIMER Hospital, Surat, Gujarat
Dr. Harish Chauhan Sir	Professor, Department of General Surgery, SMIMER Hospital, Surat, Gujarat

ABSTRACT

Benign masses of the gallbladder are common and consist of pseudo tumors and adenomas. Pseudo tumors are further divided into cholesterol polyps and adenomyomatosis. Cholesterol polyps appear as pedunculated echogenic lesions of the gallbladder, are usually smaller than 1 cm, and are frequently multiple. Alternatively, adenomyomatosis is seen as a sessile lesion, commonly in the fundus, with characteristic microcysts within the lesion, and is frequently larger than 1 cm. . Adenomas are benign growths in the wall of the gallbladder that may be difficult to differentiate from adenocarcinoma

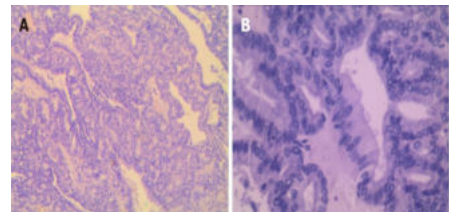
INTRODUCTION

Gallbladder cancer is the most common malignant tumor of the biliary tract worldwide. It is also the most aggressive cancer of the biliary tract with the shortest median survival from the time of diagnosis. This poor prognosis is due to an aggressive biologic behavior and a lack of sensitive screening tests for early detection resulting in delayed diagnosis at advanced stage. The only chance for a complete cure is by surgical resection; however, at initial presentation, only 10% of patients are candidates for surgery with a curative intent. Even among those suitable for resection, the anatomical complexity of the Porto-biliary hepatic system, the morbidity/mortality associated with liver resection, and the risks of tumor spread ,second to tumor manipulation portend a high mortality rate. Additionally, among those that do undergo surgical resection, recurrence rates remain high.

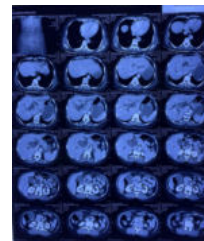
CASE PRESENTATION

we are reporting a case of 72 year old female patient who presented with abdominal pain and vomiting for five days. She is known case of hypertension also past history of abdominal hysterectomy under spinal anesthesia 20 years before. On clinical examination tenderness present right hypochondrium region. Her blood report showed wbc (5000 cell/mm³), raised bilirubin (total bilirubin 1.5mg/dl , direct bilirubin 1.0mg/dl , indirect bilirubin 0.5 mg/dl) , On ultrasound was done found that 'partially distended and filled with sludge 7mm wall edema. Approx. 15 mm size calculus noted. Gall bladder wall was edematous and irregular possibility of calculus cholecystitis and gall bladder perforation. Lap cholecystectomy was done under general anesthesia. Histological evaluation of gall bladder showed feature of ulceration, acute on chronic inflammation involving all parts of gall bladder and villious adenoma with moderate dysplasia and no evidence of malignancy. Pt was discharged. 8 month later patient present with yellowish discoloration of sclera ,nail and skin and abdominal pain since 6 day, On clinical examination patient has tenderness in right hypochondrium quadrant. On blood reports, wbc count was 9000/mm³, liver enzymes elevated and raised bilirubin (total bilirubin :23.0 mg/dl, direct bilirubin: 16.0 mg/dl, indirect bilirubin: 7.0 mg/dl). CECT abdomen showed 'well defined lobulated heterogeneously enhancing malignant lesion at

portal vein involving common hepatic duct just below the primary hepatic duct. It influence with post obstructive dilation of IHBR and metastatic nodular deposit along the incisional scar in epigastric region and along the peritoneal margin in subhepatic region. For relieving symptom, per cutaneous biliary drainage was done and biopsy was taken from nodular deposits under general anesthesia. Histological analysis shows 'irregular sized glands infiltrated in desmoplastic stroma with high dysplasia.' Histological feature shows possibility of 'Metastatic adenocarcinoma'. Patient transferred to Lion's cancer detection center for adjuvant therapy.



A) Villious Adenoma B) Adenocarcinoma



C) Post operative CECT Abdomen



D) Gallbladder Specimen

DISCUSSION

Incidence of gallbladder adenomas, which are benign, highly vascularized and pre malignant tumor. They are generally asymptomatic unless there are multiple large adenomas or the tumor tissues are detached resulting in floating fragments in the bile duct or attached to the gallstones. They usually appear as sessile polypoid isoechoic or hyper echoic lesions on imaging. On CECT imaging, gall bladder adenomas appears as a mass completely occupying or replacing the gallbladder lumen, focal or diffuse asymmetric gallbladder wall thickening or an intraluminal polypoid lesion. Gallbladder cancer is the malignant tumor of the biliary tract. It is also the most aggressive cancer of the biliary tract with the shortest median survival from the time of diagnosis. Early diagnosing of gall bladder carcinoma can increase chance of survival.

In our patient, gall bladder adenomas was not detected on ultrasonography. It was detected after cholecystectomy, on histopathology reports. After 6 month patient develop symptom of abdominal pain and yellowish discoloration of skin. On CECT abdomen it was showed malignant lesion and diagnosed as adenocarcinoma of gallbladder. Patient who diagnosed of adenomas should closely monitor even after post cholecystectomy for any symptom of abdominal pain or jaundice. Interval CECT scan can be very helpful in early diagnosing of Adenocarcinoma of gall bladder.

CONCLUSIONS

Villious adenoma of gall bladder can present as metastatic adenocarcinoma. So all the patient of villious adenoma should closely follow with interval CECT.

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