



Case series

Surgical strategy for suspected early gallbladder carcinoma including incidental gallbladder carcinoma diagnosed during or after cholecystectomy

Toshikatsu Nitta*, Jun Kataoka, Masato Ohta, Kensuke Fujii, Yuko Takashima, Yoshihiro Inoue, Takashi Ishibashi

Division of Surgery Gastroenterological Center, Medico Shunju Shiroyama Hospital, Osaka, Japan

ARTICLE INFO

Keywords:

Suspected early gallbladder carcinoma
Gallbladder carcinoma
GBC
Laparoscopic cholecystectomy
Surgical strategy

ABSTRACT

Purpose: This paper presents an overview of the surgical strategy for patients with suspected gallbladder carcinoma (GBC), including incidental GBC cases, preoperatively or intraoperatively, as well as their outcomes.

Methods: Between April 2009 and December 2017, 529 patients underwent cholecystectomy for gallbladder disease at our hospital. Both intraoperative and postoperative histological examinations of the excised gallbladder facilitated the diagnosis of GBC. Surgery-related variables and surgical approaches were evaluated according to the extent of tumor invasion.

Results: Of 529 patients, eight were diagnosed with GBC during/after cholecystectomy, including four women and four men. Mean age was 75.4 (range, 59–89) years. Five patients had gallbladder stones and three had cholecystitis. Three patients with stages T1b and T2 underwent additional liver bed wedge resections with or without prophylactic common bile duct excision. Five of the eight patients are still alive and two of the remaining three died from other diseases; one patient with pT3 died of recurrent GBC (peritonitis carcinomatosa).

Conclusion: Because of the ability to obtain full-thickness frozen biopsies during laparoscopic cholecystectomy, we could diagnose GBC intraoperatively, allowing for rapid diagnosis and tumor resection. We recommend developing a surgical treatment strategy for suspected early GBC in advance of cholecystectomy.

1. Introduction

Laparoscopic cholecystectomy has become the standard approach for managing benign biliary diseases such as stones, polyps, and cholecystitis. Since the widespread adoption of the laparoscopic approach, the number of patients diagnosed with incidental gallbladder carcinoma (IGBC) has increased. IGBC is defined as carcinoma of the gallbladder identified for the first time during cholecystectomy or unintentionally discovered during histological examination of the gallbladder after cholecystectomy. Some authors have reported the occurrence rate of IGBC to be approximately 0.19%–2.8% [1–3]. We evaluated the surgical strategy for patients with suspected GBC, including incidental GBC cases, preoperatively or intraoperatively, as well as their outcomes.

2. Material and methods

Between April 2009 and December 2017, a total of 529 (273 men and 256 women) patients underwent cholecystectomy for gallbladder

disease at our hospital. Of these patients, 447 underwent a laparoscopic approach (84.5%) and 82 an open approach (15.5%). Eight patients (1.5%) were diagnosed with GBC. All patients underwent a postoperative histopathological examination of the gallbladder, which had been removed. The clinical data reviewed included patient demographics, clinical presentation, histopathological data, TNM stage, operative procedures, and patient outcomes (Table 1). We evaluated the surgery-related variables and surgical approaches according to the extent of tumor invasion.

This study was approved by our ethics committee (SHIROYAMA OP03 2017).

2.1. Surgical strategy for suspected early gallbladder carcinoma at our hospital

A flow chart of the surgical strategy for suspected gallbladder carcinoma cases is shown in Fig. 1. Suspected gallbladder cancer is diagnosed preoperatively based on the following characteristics: elevated lesion with a 10-mm diameter, increasing tumor size, sessile lesion,

* Corresponding author. 2-8-1 Habikino, Habikino City, Osaka, 583-0872, Japan. Tel.: +81 72 958 1000; fax: +81 72 958 8814.

E-mail address: nitta@shiroyama-hsp.or.jp (T. Nitta).

<https://doi.org/10.1016/j.amsu.2018.07.009>

Received 3 April 2018; Received in revised form 7 July 2018; Accepted 25 July 2018

2049-0801/© 2018 The Authors. Published by Elsevier Ltd on behalf of IJS Publishing Group Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Table 1
Suspected early gallbladder carcinoma in our hospital.

Case	Age	Sex	Preoperative diagnosis	Diagnosis time	TNM Stage	Histology subtype	Operation	Common bile duct resection	Lymph node dissection	Time (minutes)	Bleeding (ml)	Outcome (recurrence)
1	89	female	Acute cholecystitis Cholecystolithiasis	Postoperative	T3a (liver)N0M0 stage IIIA	Por G3	Open cholecystectomy	no	no	250	400	dead 5 months (peritonitis carcinomatous)
2	79	male	Acute cholecystitis Cholecystolithiasis	Postoperative	T1bN0M0 stage I	tub2 G2	① Open cholecystectomy ② Segmental resection of IVb + V	no	yes	①120 ②340	③320 ④710	alive 6 years 2 months
3	87	female	Acute cholecystitis Cholecystolithiasis	Intraoperative	T2N0M0 stage II	tub2 G2	Open cholecystectomy	no	no	90	100	alive 9 months
4	75	male	Adenomyomatosis or Suspected gallbladder carcinoma	Intraoperative	T3a (liver)N0M0 stage IIIA	tub1 G1	Laparoscopic cholecystectomy ⇔ Wedge resection of the gallbladder bed (1cm)	no	yes	295	300	dead 6 months (brain hemorrhage)
5	63	female	Cholecystolithiasis	Postoperative	TisN0M0 stage 0	tub1 G1	Laparoscopic cholecystectomy	no	no	140	50	dead 2 years 6 months (aortic dissection)
6	67	female	Gallbladder polyp	Intraoperative	T2N1M0 stage IIIB	tub1 G1	Laparoscopic cholecystectomy ⇔ Wedge resection of the gallbladder bed (1cm)	yes	yes	305	460	alive 1 year 6 months
7	59	male	Gallbladder polyp	Postoperative	TisN0M0 stage 0	tub1 G1	Laparoscopic cholecystectomy	no	no	75	5	alive 6 months
8	84	male	Cholecystolithiasis	Postoperative	T2N0M0 stage II	tub1 G1	Laparoscopic cholecystectomy	no	no	95	5	alive 5 months

Download English Version:

<https://daneshyari.com/en/article/10097133>

Download Persian Version:

<https://daneshyari.com/article/10097133>

[Daneshyari.com](https://daneshyari.com)