

Case Reports

Carcinoid tumor of the gall bladder

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Abstract

Carcinoid of the gall bladder and bile duct is a rare tumor. Primary gall bladder and biliary duct system carcinoids constitute less than 1% of all carcinoid tumors arising from different parts of the body. We describe a case of carcinoid tumor of the gall bladder in a 53-year-old woman. The rarity of this entity prompted us to present our patient as a case report. There have been only 33 cases described in the literature.

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Gall bladder; Bile ducts; Carcinoid tumor; Adenocarcinoma; Chromogranin A; Grimelius' stain

1. Introduction

Carcinoid tumor is a relatively rare type of endocrine tumor. These neoplasms arise from dispersed cells of the neuroendocrine system in the gastrointestinal tract, biliary system, pancreas, and lung [1]. These cells belong to one of the 2 functional groups: (1) the amine precursor uptake and decarboxylation cells that produce serotonin and adrenocorticotrophic hormone; or (2) those cells capable of synthesizing low-molecular-weight polypeptide or protein hormones such as chromogranin, cholecystokinin, and secretin [1].

Primary gall bladder and biliary duct system carcinoid constitute less than 1% of all carcinoid tumors arising from any tissue or organ in the body. We describe a case of carcinoid tumor of the gall bladder in a 53-year-old woman. There have been only 33 cases described in the literature [2].

2. Materials and methods

A 53-year-old woman presented with loss of appetite and loss of weight of 6 months' duration. There was no pertinent past medical or surgical history. She was a known case of diabetes mellitus and hypertension. On examination, her vital signs were normal and her sclera was anicteric.

Abdominal examination revealed no tenderness, organomegaly, or abnormal mass.

Laboratory investigation revealed normal hematological findings. Serum electrolyte levels were normal, and serological tests were negative for HBs Ag, HIV, and hepatitis C virus. Liver function tests revealed the following: total

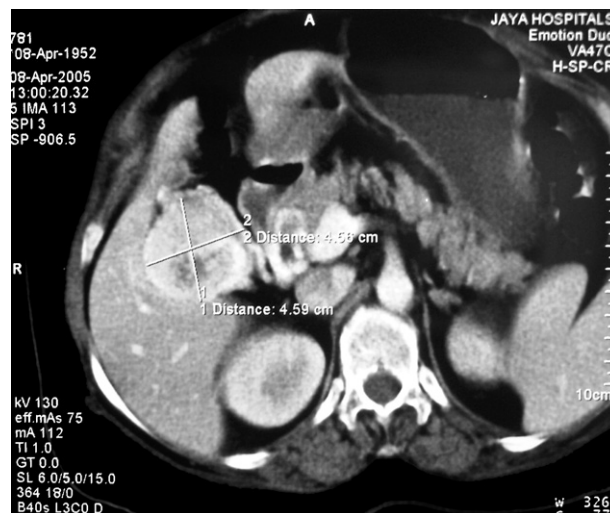


Fig. 1. Contrast-enhanced computed tomography scan of the abdomen shows a large intensively enhancing mass lesion in the gallbladder fossa with areas of necrosis.

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Fig. 2. Gross: carcinoid tumor of the gall bladder. Intramural tumor infiltrating the muscle layer extending into the serosa covering everted margins.

bilirubin, 1.0 mg/dL; direct bilirubin, 0.3 mg/dL; alanine amino transferase, 36 U/L (normal level up to 40 U/L); aspartate amino transferase, 30 U/L (normal level up to 40 U/L); alkaline phosphatase, 96 U/L (normal level, 6–270 U/L).

Ultrasound examination of the abdomen revealed a well-defined mass in the gall bladder fossa with a heterogeneous echogenicity. The gall bladder was not seen separate from

the mass. Contrast-enhanced computed tomography scan revealed a well-defined mass in the gall bladder fossa. It was measuring approximately 5×4 cm (Fig. 1). The mass showed intense enhancement with areas of necrosis within. No evidence of biliary dilatation was noted; there were no ascites.

Preoperatively, a diagnosis of carcinoma gall bladder was made and surgery undertaken. By an umbilical port and epigastric port, the entire abdomen was visualized by a laparoscope, and as there were no peritoneal deposits, a laparotomy was done using Kocher's subcostal incision. The tumor was seen arising from the gall bladder. The undersurface of the tumor was highly vascular. The entire mass and gall bladder were excised. After ensuring adequate hemostasis, the wound was closed in layers after keeping a tube drain. The patient had an uneventful recovery and was discharged in a satisfactory condition.

3. Results

Grossly, the gall bladder measured $5 \times 4.5 \times 3.5$ cm, with intraluminal mass. The inferior surface of the serosa was everted, and the tumor was seen eroding into the serosa. Sectioning revealed a solid yellow-color tumor in the body and fundus of the gall bladder. The neck was free from tumor. The tumor was seen infiltrating the muscle layer extending into the serosa covering everted margins (Fig. 2).

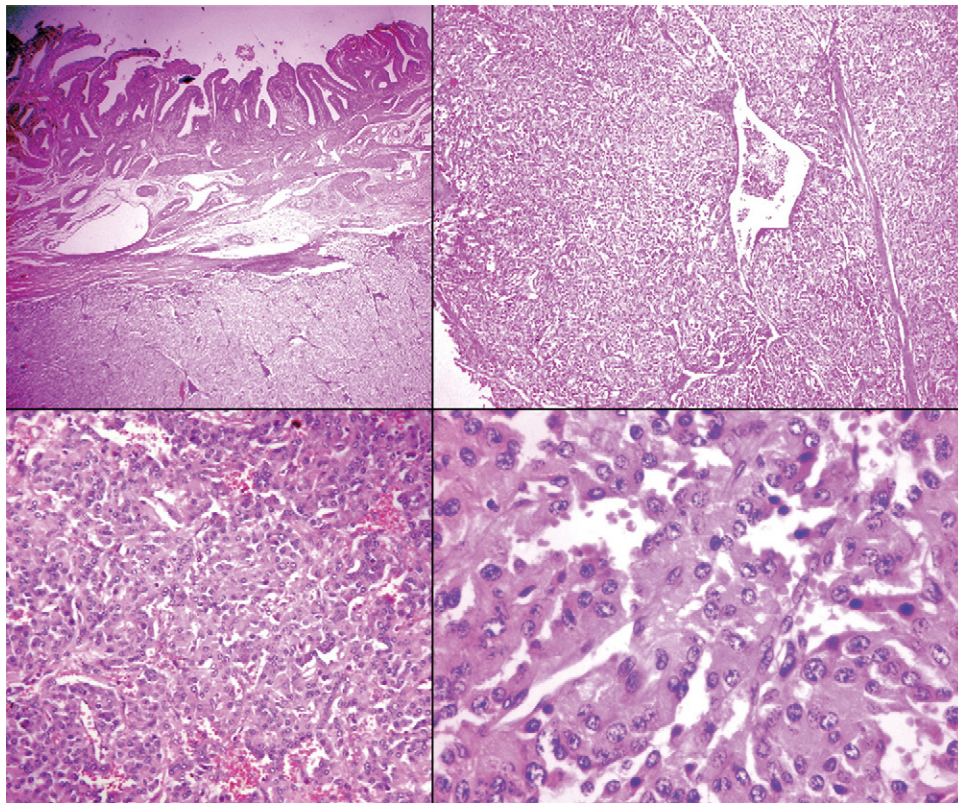


Fig. 3. Hematoxylin and eosin: scanner magnification showing gallbladder mucosa with tumor. Low-power magnification and high-power magnification showing carcinoid tumor composed of solid nests of closely packed cells. Plenty of vascular channels seen between the tumor cells.

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