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## Rare tumors of the gallbladder: Clear cell carcinoma



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## ABSTRACT

**INTRODUCTION:** Gallbladder cancer is a rare tumor in the gastrointestinal tract has poor prognosis, low survival and is difficult to diagnose. The most common type of gallbladder cancer is adenocarcinoma, and the incidence of clear cell carcinoma is low. Mostly, it is difficult to determine whether the isolated tumor is a primary tumor in the gallbladder or a metastatic tumor from another region. Before accepting a clear cell carcinoma as a primary gallbladder tumor, the kidneys and other possible secondary focuses are clinically considered in terms of metastases.

**PRESENTATION OF CASE:** Here, we present a rarely seen case of gallbladder clear cell carcinoma, which was diagnosed by pathological examination after the surgery.

**DISCUSSION:** Prior to establishing that clear cell carcinoma is a primary gallbladder cancer, it is appropriate to clinically investigate possible secondary focuses, in particular the kidneys in terms of metastasis.

**CONCLUSION:** Our goal in presenting this case was to emphasize the importance of taking an accurate medical history in patients with clear cell carcinoma, a rarely seen gallbladder cancer.

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## 1. Introduction

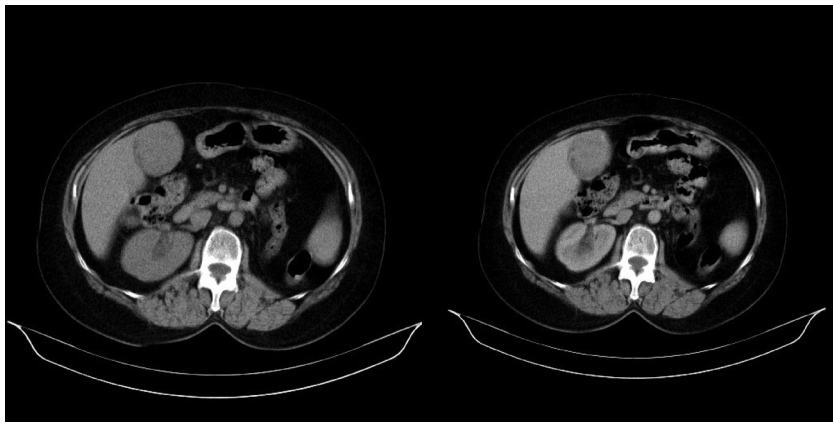
Gallbladder cancers are rare tumors with a poor prognosis [1]. They are the fifth most common malignant tumor of the gastrointestinal tract [2]. Only 10–50% of the patients can be diagnosed in the preoperative period [1]. While the most common type of gallbladder cancer is adenocarcinoma, clear cell carcinoma is seen less frequently. Prior to establishing clear cell carcinoma as a primary gallbladder cancer, it is appropriate to clinically investigate possible secondary focuses, in particular the kidneys in terms of metastasis. Metastases have been reported in approximately one-third of patients with renal cell cancer at the time of the diagnosis, while in 11% of the patients metastases have been detected 10 or more years later after nephrectomy [3].

## 2. Case

A 56-year-old female patient presented to our general surgery outpatient clinic with abdominal pain and bloating that occurred after a meal. The physical examination revealed tenderness on deep palpation in the right upper quadrant and an incision scar due to previous left nephrectomy. The patient's medical history showed

that approximately 10 years ago she had undergone nephrectomy for a renal stone and had no other diseases except for hypertension. The patient did not have additional information about the previous operation and did not know the outcome of the pathology. The abdominal computed tomography (CT) with contrast revealed a slightly hyperdense contrast retaining mass lesion in the lumen of the gallbladder that could not be distinguished from the wall (Figs. 1 and 2). The magnetic resonance western (MRI) was performed with a preliminary diagnosis of gallbladder. The axial and coronal sections showed a heterogeneous solid mass protruding towards the associated lumen of the gallbladder which contained hypointense and hyperintense areas (Figs. 3 and 4). Positron emission tomography (PET) scanning was performed in order to screen for other metastatic foci. Axial-coronal-thoracoabdominal PET-CT imaging revealed involvement that was compatible with significant metabolic activity in the mass lesions of the gallbladder (Figs. 5–7). Considering that the tumor was limited to the gallbladder, the patient underwent laparoscopic cholecystectomy with resection part of liver tissue of gallbladder bed (Fig. 8). The pathology was reported as clear cell carcinoma, histological grade III, subserosa-invasive, negative for lymphovascular invasion and with safe surgical margins (Figs. 9 and 10).

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**Figs. 1 and 2.** The abdominal computed tomography (CT) with contrast revealed a slightly hyperdense contrast retaining mass lesion in the lumen of the gallbladder that could not be distinguished from the wall.

### 3. Discussion

Although gallbladder cancer is a rare, it ranks 5th worldwide in digestive system related cancers. Gallbladder cancer is more

frequently seen in women, while biliary tract cancers are more frequently seen in men [1]. The risk factors for gallbladder cancer are the presence of a stone larger than 2 cm in diameter inside the gallbladder, polyps larger than 1 cm in diameter inside the



**Figs. 3 and 4.** The axial and coronal sections showing a heterogeneous solid mass protruded towards the associated lumen of gallbladder.

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