

How Should Gallbladder Cancer Be Managed?

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Keywords

- Gallbladder cancer • Cholecystectomy • Liver resection
- Risk factors for gallbladder cancer • Recurrent gallbladder cancer

Key points

- Gallbladder cancer is highly malignant and rarely curable when symptomatic.
- Surgical resection is appropriate in early-stage disease.
- A multidisciplinary approach is appropriate for later-stage disease.
- When diagnosed, patients should be referred to a high-volume center.
- When appropriate, patients should be offered to enroll in clinical trials.

INTRODUCTION

Background

- Gallbladder cancer is a highly malignant and rarely curable disease that affects approximately 5000 new patients in the United States each year [1,2]. Due to the rarity of the disease, it is difficult to determine the overall survival rate, which varies between 5% and 12% [1,3,4]. For incidental gallbladder cancer, most commonly found on laparoscopic resection for biliary colic or symptomatic cholelithiasis, cure is possible and survival rates are far better [5]. A higher incidence of gallbladder cancer is seen in certain populations,

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including Native Americans in both North America and South America, especially Chile, Bolivia, and New Mexico [6].

Anatomy

- The gallbladder sits underneath the liver in the right upper quadrant of the abdomen (Fig. 1A)
- The gallbladder has 4 distinct anatomic zones: fundus, body/infundibulum, neck, and cystic duct (see Fig. 1B)
- The layers of the gallbladder wall, which are important in T stage, include the epithelium, the lamina propria, the muscularis, the perimuscular connective tissue, and the serosa (see Fig. 1C)
- A majority of cancers arise in the fundus (60%), followed by the body and infundibulum (30%) and the neck and cystic duct (10%)

Risk factors

- Cholelithiasis and chronic cholecystitis are the most common risk factors for gallbladder cancer [7]. It is believed that the chronic irritation and resultant inflammation leads to gallbladder cancer in a dysplasia to carcinoma sequence [8]. Gallstones are the leading cause of inflammation and irritation of the gallbladder epithelium. Therefore, risk factors for gallbladder cancer mimic those of gallstone disease, including female gender, obesity, and age, among others.
- Larger gallstones (>2–3 cm) have higher association with gallbladder cancer [9] (Fig. 2).

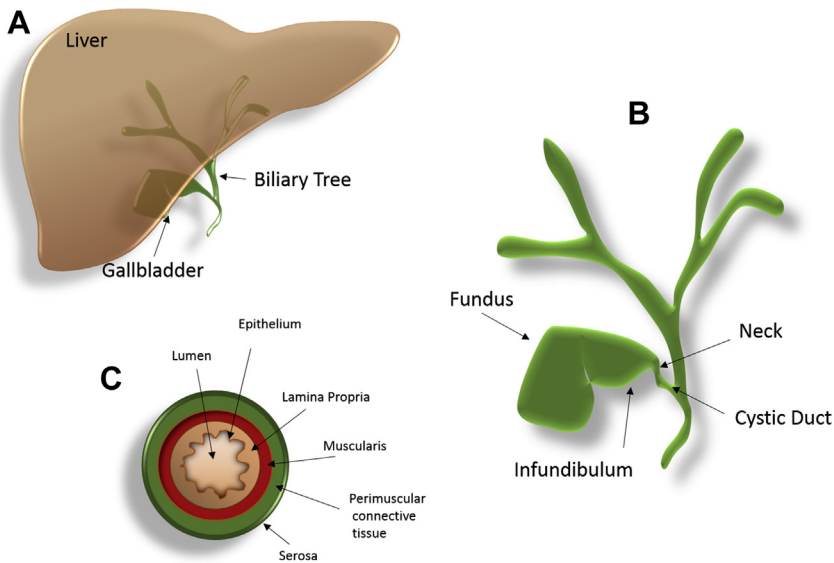


Fig. 1. Depiction of (A) location of the gallbladder beneath the liver, (B) the anatomy of the gallbladder as it relates to the biliary tree, and (C) cross-section of the gallbladder revealing the layers of the gallbladder wall.

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