

INTRODUCTION

Gallbladder carcinoma (GBC) ranks fifth among the gastrointestinal carcinomas and is the most common cancer of the biliary tract. The incidence of GBC is 0.8%–1%. Incidental gallbladder carcinoma (IGBC) is defined as GBC diagnosed histopathologically after cholecystectomy done for benign gallbladder disease

CLINICAL DETAILS

We report a case of 65 years old female who presented to the surgical department with complaints of right hypochondriac colicky type of pain with fever and tenderness for which cholecystectomy was done. The specimen was sent to histopathology for evaluation

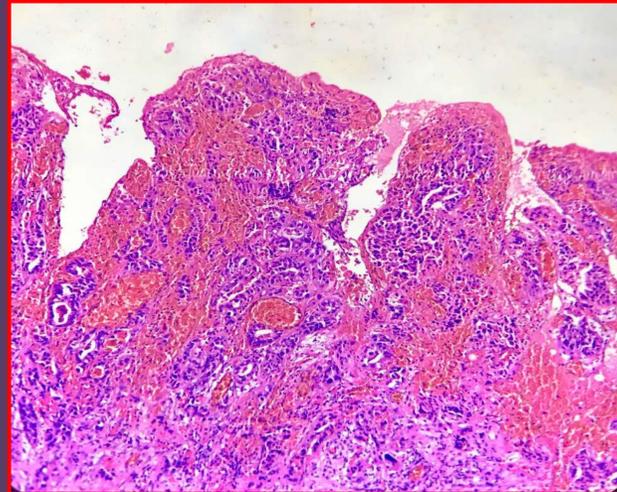
GROSS & MICROSCOPIC FEATURES

Grossly, we received a gallbladder measuring 4x3.5x2 cm which showed wall thickening of the gallbladder. No solid areas or stones identified grossly. Microscopy reveals the presence of Biliary type of Adenocarcinoma with Lymphovascular and perineural invasion with dystrophic calcification, comedo necrosis, infiltration upto the serosa noted.

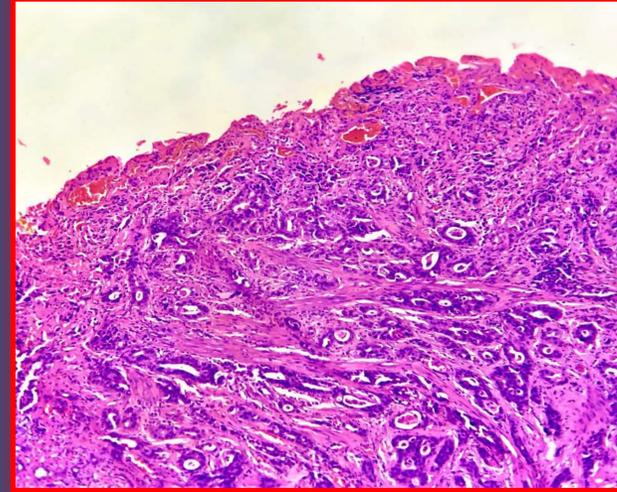
IMPRESSION

ADENOCARCINOMA - BILIARY TYPE WITH LYMPHOVASCULAR AND PERINEURAL INVASION- GALL BLADDER

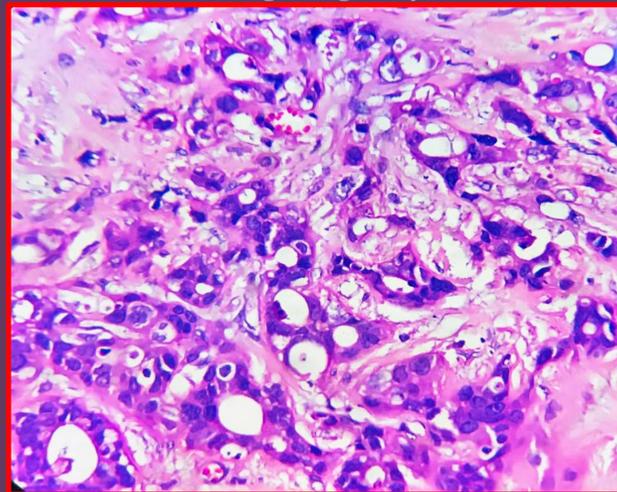
MICROSCOPY



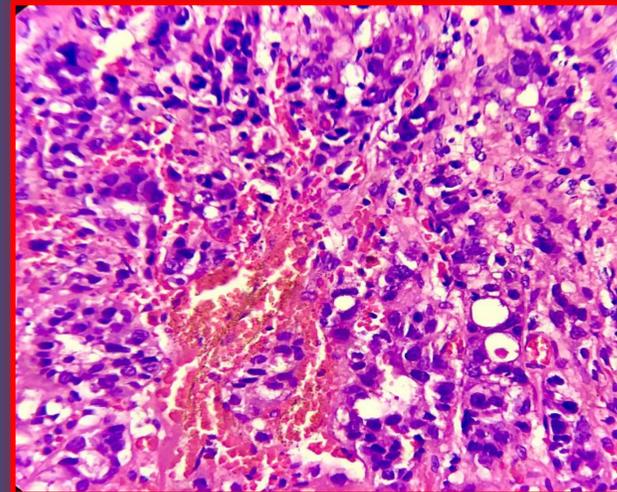
Mucosal ulceration of the gall bladder with infiltrating malignancy(10x)



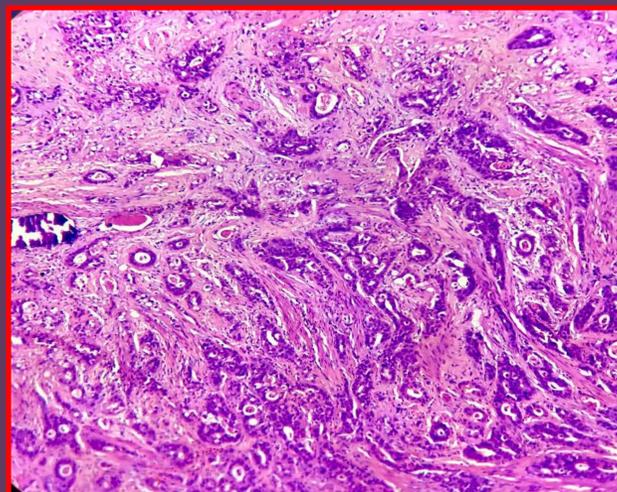
Glandular, cords, sheets and trabecular pattern of tumor cells(10x)



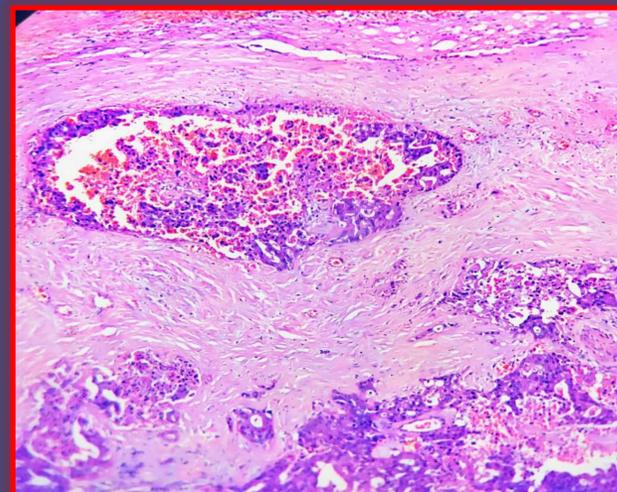
Tumor cells with High pleomorphism, hyperchromatic to vesicular nuclei(40x)



Dysplastic glands with mitotic figures and vascular invasion (40x)



Foci of dystrophic calcification with tumor cells(10x)



Comedo necrosis with tumor cells(10x)

DISCUSSION

Incidental GBCs are defined as carcinomas of gallbladder diagnosed during or after cholecystectomy done for benign diseases of gallbladder. The incidence of IGBC is reported to be 0.2%–2.1%. It was more commonly seen in females and in the elderly age group. Cholelithiasis is a well-known risk factor for gallbladder cancers.

There is an unusual asymmetric thickening of the gallbladder wall with infiltration to surrounding structures in gallbladder cancer. Maximum cases reported in carcinomas of gallbladder are adenocarcinomas (80%-95%). Adenocarcinomas can further be of papillary, tubular, mucinous, or signet cell type

Other histologic subtypes include adenosquamous carcinoma, squamous cell carcinoma, intestinal type adenocarcinoma, mucinous carcinoma, clear cell carcinoma, signet ring carcinoma, undifferentiated carcinoma, lymphoepithelial-like carcinoma, and small cell carcinoma

CONCLUSIONS

Incidence of IGBC is low and is usually early stage cancers with a better 5-year survival rate as compared to GBC. Radiology and macroscopic findings usually fail to raise suspicion of malignancy (IGBC) in cholecystectomy specimens. Thus, histopathological examination of cholecystectomy specimens is the gold standard for the detection of occult malignancy

REFERENCES

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- Giang et al.: Carcinoma involving the gallbladder: a retrospective review of 23 cases - pitfalls in diagnosis of gallbladder carcinoma. Diagnostic Pathology 2012 7:10.
- Sharma A, Sharma KL, Gupta A, Yadav A, Kumar A. Gallbladder cancer epidemiology, pathogenesis and molecular genetics: recent update. World J Gastroenterol 2017; 23(22): 3978-3998