Carcinoma Of The Gall Bladder

Incidence

- Rare disease
- Highest incidence is among Chileans, American Indians and residents in parts of northern India
- Common age- 60s and 70s
- Poor prognosis- 5 year survival is 5%
- Females > Males

Aetiology

- Unclear. May be associated with pre existing gall stone disease
- Calcification of gallbladder (porcelain gall bladder) – 10-25%
- Infection- Typhoid
- Gallbladder polyps (The risk of malignant transformation increases with increasing size of the polyp.)

Pathology

- Majority- Adenocarcinoma (90%)
- Difficult to differentiate from chronic cholecystitis
- Squamous carcinomas also occur and are believed to arise from areas of mucosal squamous metaplasia.
- At the time of presentation the majority of tumours are advanced.

Clinical features

- May be asymptomatic
- Biliary colic
- Cholecystitis
- Jaundice- late feature
- Anorexia- late feature
- Palpable mass (late sign)

Investigations

- CA 19-9- Elevated in 80% of patients
- USS
- Multi detector row CT scan
- Percutaneous biopsy
- Laparoscopy
- PET scanning

Aims of staging gallbladder cancer

- Assessment of local disease
- Detection of metastatic disease
  - Liver
  - Peritoneal
  - Lymphatic
  - Extra-abdominal disease

Treatment

- Diagnosis will be made after removal of gall bladder
- If cancer confined to mucosa- No further treatment.
- If transmural disease- a radical en bloc resection of the gall bladder fossa and surrounding liver along with the regional node.

Cholecystectomy should be performed for all gallbladder polyps greater than 1 cm. Polyps less than 1 cm can be followed with serial ultrasonography to detect any change in size or character as the incidence of malignancy in polyps less than 1 cm is extremely low.

prognosis

- Gallbladder cancer for most patients is a lethal disease with a grim prognosis. The median survival is less than 6 months and a 5-year survival figure of 5% has been reported.