Laparoscopically Excised Cholangiocarcinoma: A Case Report

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We report a case in which laparoscopical wide excision of a cholangiocarcinoma located in the gallbladder. During the operation there was no gross evidence of distant metastases except from local invasion to the liver. The tumor was reported to be stage V, anaplastic adenocarcinoma and the surgical borders to be tumor free.

Although gallbladder carcinoma was reported to be a contraindication for laparoscopic cholecystectomy in the early literature, the technique was successfully performed for an adequate treatment.

Key Words: *Laparoscopy, cholecystectomy, cholangiocarcinoma*

Laparoskopik olarak eksize edilmiş kolanjiokarsinoma (Bir olgu sunumu)

Bu makalede laparoskopik olarak geniş eksizyon uygulanan bir safra kesesi karsinomu olgusu sunulmaktadır. Operasyon sırasında, karaciğere lokal invazyon dışında uzak metastaz varlığı saptanmadı. Tümör evre-V anaplastik karsinom ve cerrahi sınırlarda tümör saptanmadığı şeklinde rapor edildi.

Başlangıçtaki literatürde, laparoskopik kolesistektomi için safra kesesi karsinomunun kontrendikasyon olduğu bildirilmekte ise de, laparoskopik olarak yeterli bir tedavi başarı ile uygulanabilmiştir.

Anahtar kelimeler: *Laparoskopi, kolesistektomi, kolanjiokarsinoma*

Laparoscopic cholecystectomy is being widely used in numerous surgical clinics all over the world. Parallel to the techniqual proceedings, the indications and counter indications are changing day-by-day.

Cholelithiasis is reported to occur in 65-100% of carcinoma of the gallbladder cases. Most of the gallbladder carcinomas have no differantiating symptom other than cholelithiasis, especially in early stages and majority of the cases are diagnosed at the operation incidentally,almost always in late stages (1,2). The incidence of carcinoma development in calcified gallbladders is about 20-60% of the cases and it is advised to perform cholecystectomy when diagnosed even they are asymptomatic (2).

Although fibrotic gallbladder and carcinoma are reported to be a relative counter indication for laparoscopic cholecystectomy, parellel to the technical achievements, laparoscopic excission of these lesinos are being possible. In this paper we report a gallbladder carcinoma which was laparoscopically excised without any complications.

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CASE REPORT

A 65 year old woman was admitted to department of surgery with postprandial complaints of episodic and colicky right upper quadrant pain lasting for two years. She was put on diet by a private physician for one year but no remission in symptoms occured.

On her physical examination, minimal right upper quadrant tendernes was the only pathologic finding.

Her laboratory findings were within normal range. Abdominal ultrasonography revealed multiple calculi within gallbladder whereas intrahepatic and extrahepatic biliary tract was found to be normal.

According to these findings, a laparoscopic cholecystectomy was planned.

At the operation, after the omental adhesions were excised leaving some on the gallbladder, the fundus of the bladder was found to be irregular and fibrotic making one somewhat suspicious about a cholangiocarcinoma. On the exploration of the abdomen no gross evidence of distant metastases was found. Except from limited local invasion to the liver bed, no hepatic metastases were found. After the identification and clipping of Cystic duct and Cystic artery, the gallbladder was widely excised including some liver tissue where the suspicious tumor invasion was located.

Pathologic diagnose was reported to be stage V anaplastic adenocarcinoma of the gallbladder with limited invasion to liver. The surgical border concerning liver was found to be tumor free.

The patient was discharged on the third postoperative day without any complication.

DISCUSSION

Carcinoma of the gallbladder, which holds about 4.4% of biliary carcinomas, are more common in women than men and usually coexist with biliary lithiasis (3). Despite their highly aggressive behavior, they mostly progress under the mask of symptoms due to cholelithiasis found in 70-100% of the cases (1).For this reason, most of the gallbladder carcinomas are diagnosed at advanced forms with metastases to liver and other adjacent organs. The early cases are diagnosed incidentally by the pathologic examination of the cholecystectomy materials, but most of the time not by the surgeon. The carcinoma diagnosis is given by the surgeon at the operation planned for cholelithiasis. It seems to be reasonable to perform prophylactic cholecystectomy in case of biliary calculosis as advised by numerous contributors (2).

Almost all contributors claim that either radiotherapy or chemotherapy has no benefit in the treatment of gallbladder carcinoma (4). The only expectation from these therapeutic modalities may be a limited increase in survival time when combined with surgery in early stages (5). It is noticable that although the prognosis of gallbladder carcinoma is poor, that of early stages (Stage I - III) is relatively better (6). Attention is drawn to the possibility of improving the results of therapy at the early stages by extended radical operation (varying between wedge liver resection+regional lymphatic dissection and Whipple procedure according to the localization of the tumor) and early operative treatment of gall stone disease (1,2,6). On the other hand paliative resections, if possible, are the only surgical option.

Another factor affecting the surgical choice and the prognosis is the histopathologic nature of the tumor (7). In anaplastic type of carcinomas, it is almost impossible to distinguish the depth of liver involvement even in cases wihout distant or multiple liver metastases (8). Such cases are accepted to have multiple micrometastases in the liver and a radical intervention is regarded as over surgery, since there is no significant survival difference between two techniques (9). In our case, according to histopathological diagnosis of stage V anaplastic adenocarcinoma of gallbladder, we prefered a wide excision of gallbladder including grossly invaded liver tissue. The pathological exanimation of the specimen revealed the surgical borders to be tumor free.

We have not found any report concerning the laparoscopic excission of a gallbladder carcinoma in the literature. For this reason we introduce a

successfully and in our belief adequately treated gallbladder carcinoma by means of laparoscopic surgery.

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