

Adenocarcinoma of the Gallbladder in a Patient with Mirizzi Syndrome

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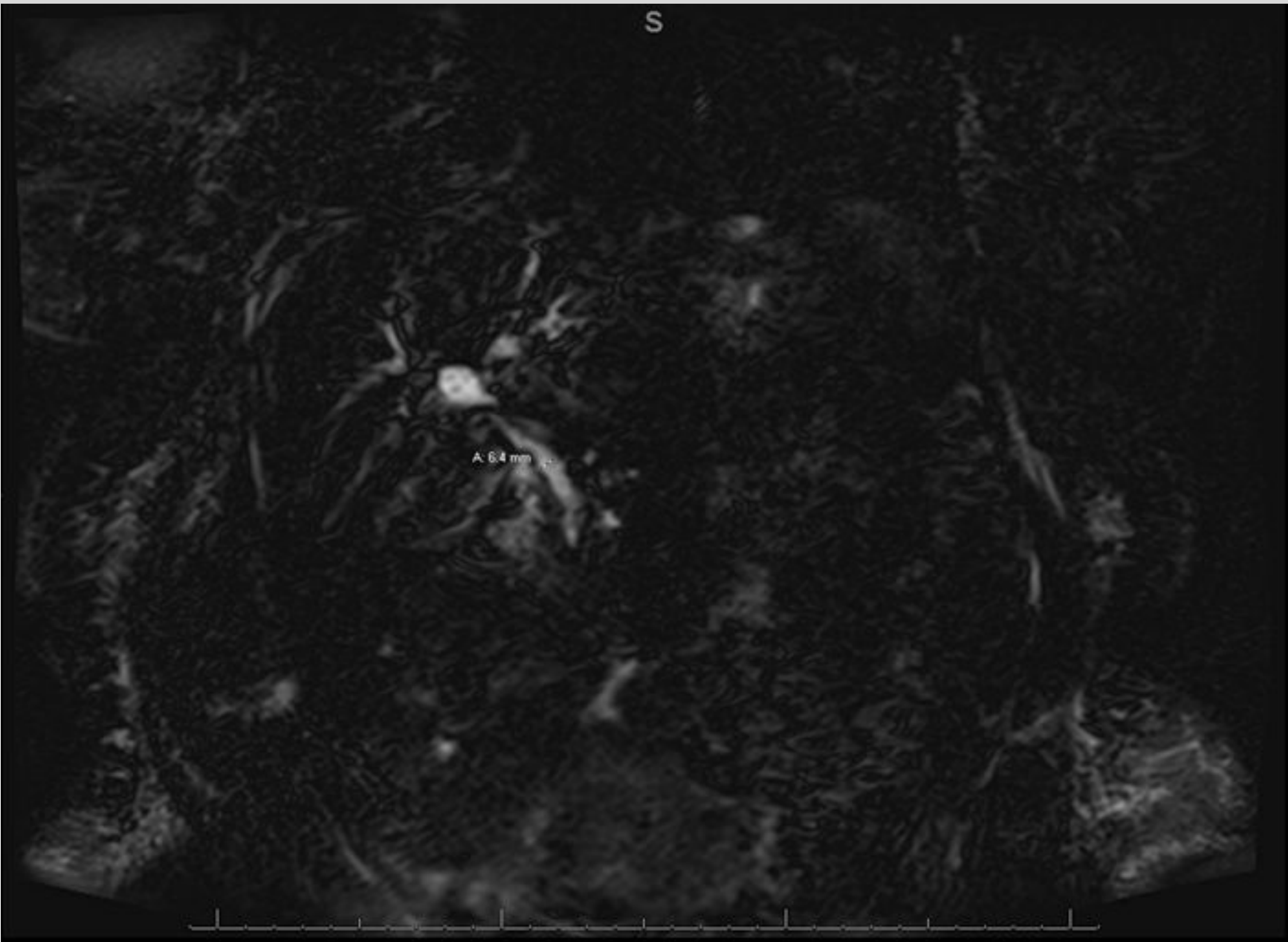
INTRODUCTION

Mirizzi Syndrome is a rare condition defined as a biliary duct obstruction caused by extrinsic compression from a stone impacted in the cystic duct or in the neck or the Hartmann’s pouch of the gallbladder. Although it can present similar to other biliary obstructive processes, it is often difficult to diagnose preoperatively which can lead to an increased incidence in morbidity and biliary injury during cholecystectomy. Even less commonly, patients with Mirizzi syndrome may be found to have concurrent gallbladder carcinoma which can drastically change the patient’s prognosis

CASE DESCRIPTION

88 year old female with choledocholithiasis underwent ERCP, papillotomy, and stone extraction. She elected not to have cholecystectomy due to her age and was discharged. Readmitted a week later with continued right upper quadrant pain, found to have increasing hyperbilirubinemia. MRCP revealed intrahepatic ductal dilation with decompressed common bile duct and gallbladder with concern for extrinsic compression. Patient was taken for a laparoscopic cholecystectomy for concern of Mirizzi syndrome.

Gallbladder was noted to be packed with stones and had evidence of chronic inflammation. Pathology revealed extensive adenocarcinoma with perimuscular connective tissue invasion of both peritoneal and hepatic sides and involvement of cystic duct margin consistent with T3 adenocarcinoma with invasion into segments 4 and 5. Postoperatively, patient elected for palliative care and was discharged.



□ MRCP revealing CBD decompression, with intrahepatic ductal dilation

CONCLUSION

Not only does unrecognized Mirizzi Syndrome increase the risk of biliary injury during surgery, but the syndrome also increases the risk of concomitant gallbladder carcinoma. The risk of having these two processes concurrently is further increased in the elderly. The general surgeon should consider gallbladder carcinoma in the differential diagnosis of an elderly patient with biliary ductal dilation concerning for Mirizzi Syndrome as it can significantly change the perioperative management of the patient’s disease.

REFERENCES

1. Prasad TL, Kumar A, Sikora SS, et al. Mirizzi syndrome and gallbladder cancer. J Hepatobiliary Pancreat Surg. 2006;13:323-326
2. Tringali A, De Rose, A, Panettieri E. Mirizzi syndrom: Diagnosis and Management of a Challenging Biliary Disease. Canadian Journal of Gastroenterology and Hepatology, 2018 article ID 6962090
3. Kumar A, Senthil G, Prakash A, Behari A, Singh RK, Kapoor VK, Saxena R. Mirizzi’s Syndrom: Lessons learnt from 169 patients at a single center. Korean J Hepatobiliary Pancreat Surg. 2016 Feb; 2017: 17-22.
4. Umashanker R, Smink D. Mirizzi Syndrome. UpToDate, 2019, Feb; https://www.uptodate.com/contents/mirizzi-syndrome?search=mirizzi%20syndrome&source=search_result&selectedTitle=1~18&usage_type=default&display_rank=1#H246311128