# DISCUSSION ON THE MANAGEMENT OF RARE VARIANT OF CARCINOMA GALL BLADDER: AN INTRACHOLECYSTIC PAPILLARY NEOPLASM

Dr Rahil Kumar[1]
Department of General Surgery
Lady Hardinge Medical College and associated hospital, New Delhi

## INTRODUCTION

- Gall bladder cancer although rare is the most common biliary tract malignancy
- Most cases are advanced cases at the time of diagnosis and has poor prognosis
- A relatively new concept and rare tumor of the gallbladder is ICPN
- Seen in < 1% of all cholecystectomies, 2.1:1 female/male ratio
- 5 histological variants: pyloric, biliary, gastric foveolar, intestinal, oncocytic.
- We aim to look at temporal change in imaging findings until malignant transformation

## CASE REPORT

- A 44 years gentleman presented with:
  - Pain in right upper quadrant of abdomen for 2 months
    - Episodic, sudden onset, rapidly progressive and colicky
    - No history of jaundice, nausea, vomiting, fever, malena
- On examination:
  - Vitals normal
  - Abdomen is soft, non- tender with no guarding and no lump
    - No organomegaly with no supra clavicular LNAP
  - Rest of systemic examination was normal.

## INVESTIGATIONS

- Routine Blood parameters: normal
- **Ultrasonography**: Echogenic, non-dependent polypoidal lesion of size 24 X 19 mm with multiple small well defined echogenic lesion in liver parenchyma present in segment 7/8, likely Hemangioma
- **CECT:** Enhancing hyper-dense lesion in gall bladder of size 3 x 1.8 cm with no GB wall edema with no calculus, likely CA Gall Bladder.

## MANAGEMENT AND RESULT

- Laparoscopic extended cholecystectomy was done
  - Intraoperative findings:
    - No signs of metastasis
    - Aorto-caval LN sample and cystic duct margin frozen section sent intra-op: No malignant cells
    - A 3x2 cm growth present at fundus of gall bladder
    - Visualized liver, omentum and bowel healthy
    - Cystic duct and artery clipped and cut
- Post operative period:
  - Discharged when patient tolerated orally well
  - Drain removed on post operative day 2
  - On follow up, patient's HPE: Intracholecystic papillary neoplasm.

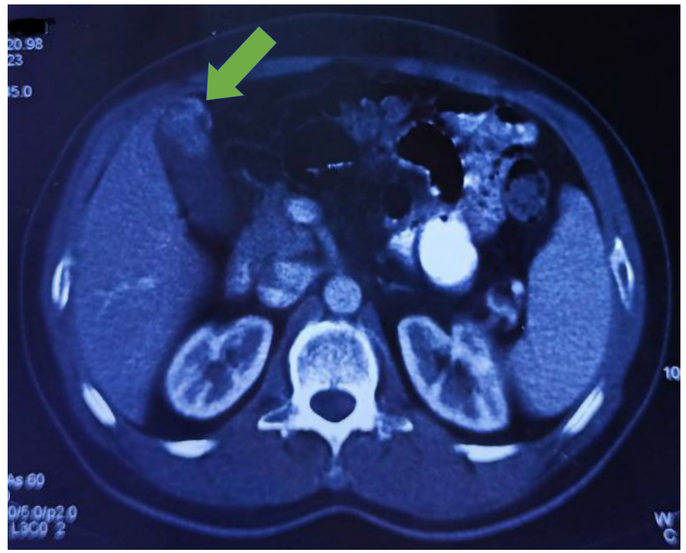


Figure 1. CECT showing a polypoidal lesion in the gall bladder



Figure 2. Gross specimens showing polypoidal growth in the gall bladder

## DISCUSSION

- Adsay and colleagues were the first group of investigators who introduced the novel and unified terminology, ICPN as gallbladder neoplasms that are intramucosal, pre-invasive neoplastic (dysplastic), mass forming and exophytic, compact, ≥ 1.0 cm in size, and distinct from the neighboring mucosa.
- Papillary tumors can grow large, but they tend to have a better prognosis.
- These gallbladder tumors have minimal invasion into the gallbladder wall

## CONCLUSION

- ICPN is an uncommon tumor of the gallbladder
- Challenging to diagnose clinically and radio-graphically
- Any suspicious case must undergo cholecystectomy
- This case report demonstrates the diagnostic challenge in a case presenting with symptoms obscuring an underlying ICPN

Dr. Rahil Kumar
Lady Hardinge Medical College
rahilkr95@gmail.com
9873864209