

Background

- Gallbladder mucosa-associated lymphoid tissue (MALT) lymphoma is a rare form of extranodal marginal zone lymphoma that usually involves chronic antigenic stimulation secondary to infection or inflammation.
- **Pathophysiology:** Gallbladder wall lacks lymphoid tissue, but it is hypothesized that chronic irritation and possible bacterial translocation may cause lymphocyte migration and infiltration.
- **Epidemiology:** MALT lymphoma of the GB is more prevalent in women (60%), and the age of occurrence is widely diverse, ranging from 31 to 84 years (median, 74 years)
- **Diagnosis:** Ultrasound imaging, lab values, physical exam and review of symptoms. Symptoms are non-specific and are typically related to concomitant stone disease.
- **Management:** cholecystectomy, complete R0 resection or incomplete with adjuvant chemotherapy
- We report a case of Gallbladder mucosa-associated lymphoid tissue (MALT) lymphoma in a patient with chronic cholecystitis and outline an ideal surgical approach.

Case Description

A female in her 50s with a known history of cholelithiasis for 10 years and recent acute cholecystitis two years prior presented with abdominal discomfort and dyspepsia. She had no other significant past medical history. She presented with elevated lipase. An abdominal ultrasound performed a few weeks prior to surgery showed cholelithiasis with free-flowing sludge without evidence of wall thickening or pericholecystic fluid or biliary duct dilation. Due to abdominal pain, a laparoscopic cholecystectomy was performed. Intraoperative findings include a sclerosed, inflamed, and thickened gallbladder with empyema, an impacted stone in the gallbladder ampulla, and an enlarged node of Lund. A posterior infundibular approach was used, preserving the Shield of McElmoyle, and a grasper with teeth was necessary to hold onto and retract the gallbladder due to its thickness.



Figure 1. Sagittal view of the gallbladder on ultrasound, demonstrating sludge and a large stone

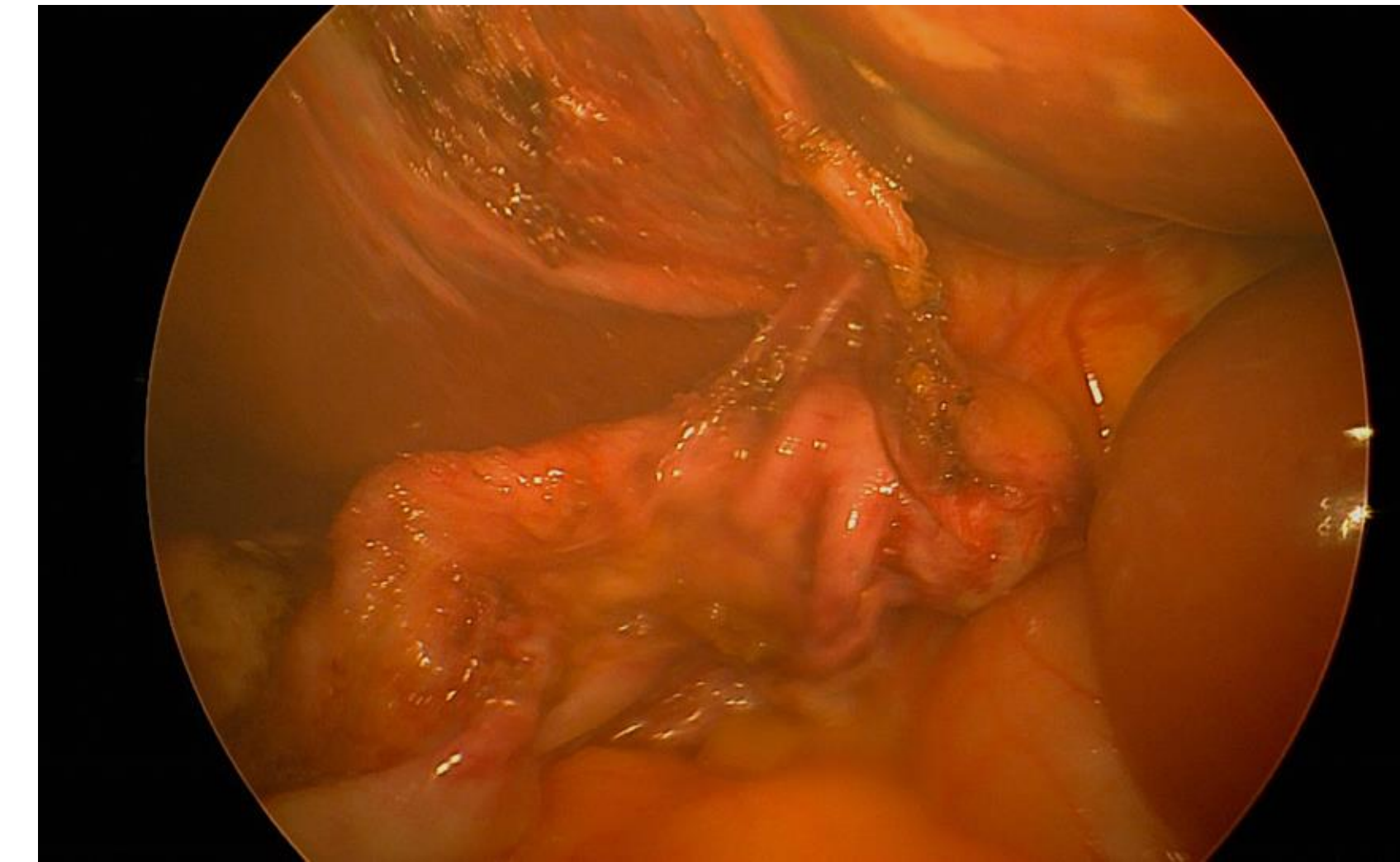


Figure 2. Laparoscopic view of the gallbladder after dissection off of the liver bed.



Figures 3a and 3b. Contracted gallbladder specimen.

Case Description (continued)

The resected specimen measured 9.6 x 4.2 x 2.8 cm with findings of chronic cholecystitis with hyalinizing fibrosis and dense lymphoplasmacytic infiltrate. These findings were confirmed by final pathology and further tested to show the gallbladder mucosa with patchy plasmacytic infiltrate showing lambda light chain predominance found to be an extranodal marginal zone B-cell lymphoma of MALT type. The patient's postoperative course was uneventful, and she was discharged the same day. We also outline important medical aspects of her care related to gallbladder MALT lymphoma.

Discussion

We present a rare case of gallbladder mucosa-associated lymphoid tissue (MALT) lymphoma revealed by cholecystectomy.

1. We propose surgical intervention when there is a high index of suspicion for cholecystitis despite confounding imaging.
1. We propose a posterior infundibular dissection to ensure the safety of critical structures during surgery.

References

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Disclosures

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