

CARCINOMA OF GALL BLADDER

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ABSTRACT:

Seventy cases of Carcinoma of the Gall Bladder were diagnosed in a group of two thousand patients who underwent the Hepatobiliary operations over a period of eleven years (1979-90), in the District Headquarter Teaching Hospital, Abbottabad are reviewed. The data covering symptoms, preoperative diagnosis, surgical treatment and prognosis were analysed and compared to the similar data in the literature. Both the results and the reasons for high mortality rate were discussed and importance of early diagnosis is stressed.

INTRODUCTION:

Carcinoma of Gall Bladder was first diagnosed by Maximilian Stoll in 1877; till the end of 19th century early isolated cases were described. Subsequently many papers appeared and it is on these that our present knowledge is based. Some studies of historical significance are Musser 1889, Courvoisier 1890, Illingworth 1935, Strohl and Difenbagh 1955, Kozall 1941. Most of these reviews repeatedly emphasized the difficulties involved in making correct pre-operative diagnosis of carcinoma of gall bladder, the poor results of surgical treatment and the short survival rate. The same problems prompted us to review our own experience of disease gathered during the last 11 years, and compared our data with those reported in the literature.

CLINICAL MATERIAL:

This study group comprises all the patients admitted in D.H.Q. Teaching Hospital Abbottabad between 1979-90. Each patient's chart was examined and the following data were recorded:

- Sex
- Age
- Preoperative findings
- Diagnosis
- Operative findings
- Association with gall stones
- Type of surgery performed and survival rate
- Survival rate

In this period of our review 2000 operations on the hepatobiliary region were performed in our hospital, of these 70 cases were found to have carcinoma (3%).

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INVESTIGATION:

Following investigations were performed in every case:

Hb, TLC, DLC, ESR Platelet Count
Bleeding time, Clotting lime
Prothrombin Time Urinalysis
Liver Function Tests Scrum
Bilirubin Scrum alkaline
phosphatase SOOT
Scrum Protein profile XR Chest XR
Abdomen

Following investigations were performed in eases where availability and preopera- live suspicion permitted us:

Abdominal Ultrasound ERCP Liver
Scan CT Scan

RESULTS:

In this group study there were 52 females (72%) and IS males (26%). 48 patients were 60 years of age with an average age 68 years. The youngest patient was 20 years old, and oldest patient was 80 years old. A series of review of the presenting symptoms showed that there were few characteristics pointing to the diagnosis of carcinoma of gall bladder. Constant epigastric pain and right upper quadrant pain reported as characteristics of carcinomas of gall bladder, were present in 53 patients (76%), whereas 17 patients (24%) had other chief complaints with little or no pain. Jaundice was present in 34 patients (49%) and a mass in the right upper quadrant was found in 23 patients (33%0, these data arc summarized in figure 2. Unlike in other carcinomas in which anemia may be a frequent symptom, in this series we found only 9 patients (13%;). 49 patients (70%) complained of symptoms of less than three months' duration. Ten patients 14%; had complained of symptoms for between 3-6 months, nine patients (13%) for six to twelve months, and other two (3%) complained of two years' duration. Nineteen patients (27%) presented with pyrexia and late sign of weight loss and fatigue accounted in another 17 (24%). four patients (6%) presented with duodenal obstruction secondary to direct extension of gall bladder carcinoma. Nine patients (13%) were not operated upon as they were in very poor condition (Cachexia and biliary tract infection) and they died in first few days of hospitalization. The correct preoperative diagnosis was made only in two patients (6%). The remaining patients were operated upon and had gall stones associated with carcinoma. Thirty-four patients underwent laparotomy and biopsy only because tumour was inoperable. Cholecystectomy was performed in 20 (30%) and cholecystectomy in 2 (3%). In other patients with duodenal obstruction gastro-jejunostomy was performed. Distant metastasis in the majority was to the liver, duodenum and lymph nodes adjacent to the common bile duel and celiac axis. The metastasis was mostly in the inoperable eases (48%).

Histologically there were:

72% adenocarcinomas

5% squamous cell carcinoma

23% anaplastic carcinoma

The survival rate is known for 44 patients, 23 patients died during first month, 15 patients survived between 3-6 months, only 4 patients survived for more than one year. The longest survival period known to be one and half year (one patient).

DISCUSSION:

It is generally accepted that most cases of gall bladder carcinoma occur in females and majority of the patients are between 60-70 years' age. The incidence of carcinoma of gall bladder is estimated to be between 0.7-8.5% of all gall bladder operations.

Marshall and O'Donnell of the c Lahey's clinic reported 1.03% incidence of carcinoma in all operations on the biliary tract. Kozoll reported an incidence of 0.4% of carcinoma of gall bladder and the same author reported that 76.5% of cases of gall bladder carcinoma occur in females and 23.5% in males.

Although the true relationship between gall stones and carcinoma is still disputed. Numerous reports have emphasised the association between the two diseases stones have been reported to be present in 64-100% of patients with carcinoma. It is difficult to make a preoperative diagnosis of carcinoma of gall bladder, the patients symptoms simulate benign cholecystic of liver disease or other abdominal conditions such as duodenal ulcers, hiatus hernia, liver diseases. The same constant epigastric and right hypochondria pain described as characteristics of gall bladder carcinoma operated in 76% of our patients. Although this complaint alone may not be diagnostic, its association with history of increasing pain in a patient with known cholelithiasis or with other signs of malignancy (anorexia, weight loss, fatigue) indicates the possibility of malignancy, this can help in the early diagnosis of carcinoma, a fact of tremendous importance in the preoperative treatment and survival of patients. Early diagnosis offers the possibility of performing cholecystectomy, an operation that seems to be curative treatment for carcinoma of gall bladder in the early stages. Despite all these efforts the survival rate after operation remains low. In our series only 6% of patients were alive at the end of first year after the operation, whereas Robertson gives one-year survival rate of 8%. In other group of patients' Pamberton obtained a survival rate of 14.6% and stressed i.e., when there is no or only limited lymph nodes involvement. If surgical treatment of diseased gall bladder is increased and enormous importance of early diagnosis of carcinoma of gall bladder is borne in mind higher survival rates may be achieved.

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