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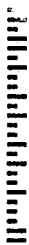
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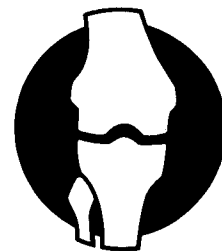


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Carcinoma of the Gallbladder



● A 56-year-old woman presented with a several-month history of colicky right upper quadrant abdominal pain associated with fatty-food intolerance. She had no physical signs or symptoms suggestive of obstructive jaundice. Routine ultrasound examination of the biliary tract and pancreas demonstrated a mass in the fundus of the gallbladder. A follow-up computerized tomographic (CT) scan of the abdomen was consistent with an infiltrating carcinoma versus adenoma of the gallbladder (Figure 1).

Exploration of the abdomen revealed no evidence of carcinoma involving the liver, serosa of the gallbladder, or hepatoduodenal ligament. A routine cholecystectomy was performed. The postoperative course was uneventful. Pathologic examination of the specimen demonstrated adenocarcinoma of the gallbladder with no serosal invasion. A four-year follow-up has demonstrated no recurrence.

The preoperative diagnosis of carcinoma of the gallbladder is uncommon because of its rarity and nonspecific mode of presentation. Right upper quadrant abdominal pain, weight loss, anorexia, and jaundice are some of the symptoms associated with this disease. Most patients presenting with these symptoms have advanced disease. Early carcinoma of the gallbladder usually presents with symptoms of biliary disease.

The preoperative diagnosis of carcinoma of the gallbladder infrequently is made

with radiographic studies. Oral cholecystogram, ultrasonography, and HIDA scans usually are not helpful. Upper gastrointestinal studies may show extrinsic compression of the duodenum in advanced disease. Angiography is reported to be very specific, but the majority of patients diagnosed in this fashion have unresectable disease. As demonstrated in our patient, CT has been reported to be the best preoperative radiographic study in the diagnosis of carcinoma of the gallbladder and a helpful diagnostic tool in nearly two-thirds of all cases. ● ●

References

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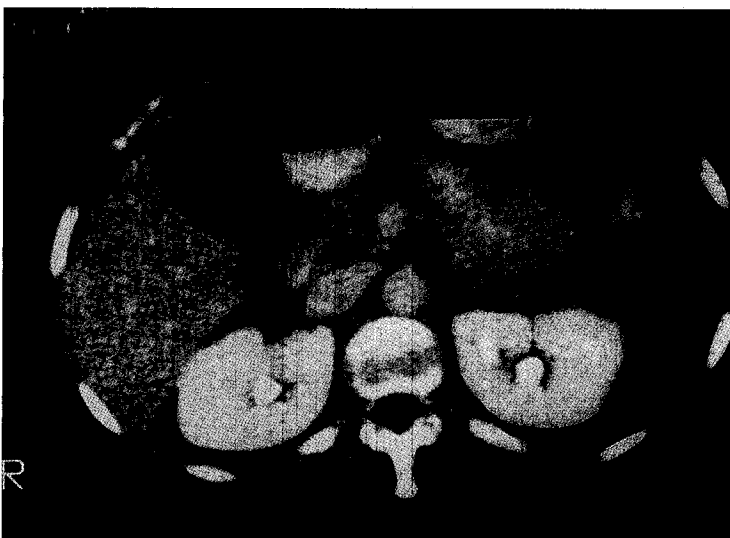


Figure 1—This CT scan of the abdomen demonstrates a large mass in the fundus of the gallbladder.