

Session II

A Case of Metastatic Gallbladder Cancer Treated with Neoadjuvant Chemotherapy and Surgical Resection

Gunn Huh, Ji Kon Ryu*, Jung Won Chun, Min Su You, Woo Hyun Paik, Sang Hyub Lee, Yong-Tae Kim

Department of Internal Medicine, Liver Research Institute, Seoul National University Hospital, Seoul National University College of Medicine, Seoul, Korea

1. Case presentation

We report a case of patient with metastatic gallbladder cancer treated with neoadjuvant chemotherapy and surgical resection. A 60-year-old woman presented with nontender palpable left neck mass. Percutaneous needle biopsy of left neck lymph nodes (level 4 and 5A) revealed adenocarcinoma. Subsequent abdomen CT and PET-CT indicated metastatic gallbladder cancer with multiple distant metastatic lymph nodes including left cervical lymph nodes and paraaortic lymph nodes. After 9 cycles of Gemcitabine/Cisplatin chemotherapy, PET-CT showed metabolic complete remission (mCR). She underwent laparoscopic cholecystectomy after 12 cycles of Gemcitabine/Cisplatin chemotherapy, and the pathological staging was ypT2aNx. She is now under postoperative adjuvant chemotherapy treatment with 5-FU and leucovorin (FL) and free of disease.

Key words: Neoadjuvant chemotherapy, Unresectable gallbladder cancer

Case

- F/60

- **CC:** left neck mass (1MA)

- **Present illness:**

1개월 전부터 만져지는 left neck mass를 주소로 내원함.

- **Past medical history**

- DM/HTN/Tbc/CLD (-/-/-/-)
- Medication hx (-)
- Op Hx (-)

- **Social history**

- Smoking/Alcohol (-/-)

- **Family medical history**

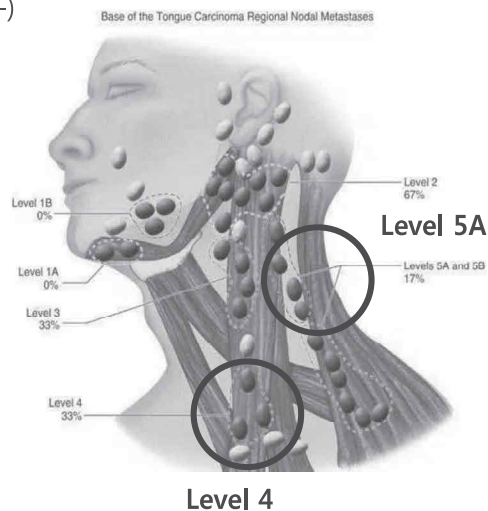
- None

- **Review of systems**

- Left neck mass (+)

- **Physical examination**

- Palpable multiple Lt. neck LN enlargement (+)
(hard & fixed, tenderness (-))



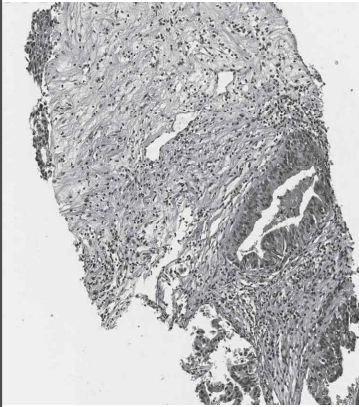
Laboratory findings

- WBC 5,300/uL - Hb 14.0 g/dL - Plt 272,000/uL
- Prot/Alb 7.4/4.2 g/dL
- T.bil 0.7 mg/dL, ALP 74 IU/L, AST/ALT 16/10 IU/L
- BUN/Cr 11/0.84, Ca/P 8.9/3.8 mg/dL
- HBsAg (-), anti-HBs (+), anti-HCV (-)

Initial Assessment and Plan

- **Initial assessment**
 - #. Cervical lymphadenopathy (non-tender, hard & fixed) (node level L4, L5a)
R/O Metastatic cancer
R/O Lymphoma
- **Initial plan**
 - #. Neck LN core needle Bx → immunohistochemistry
 - #. Chest/Abdomen/Pelvis CT
→ prn) ENT exam, EGD/CFS, tumor markers

**(o/s) Lt. neck LN (L5A, L4), core needle biopsy
(2018-10-10)**



ADENOCARCINOMA

<Immunohistochemistry>

CK 7 (+), CK 20 (+), TTF-1 (-)

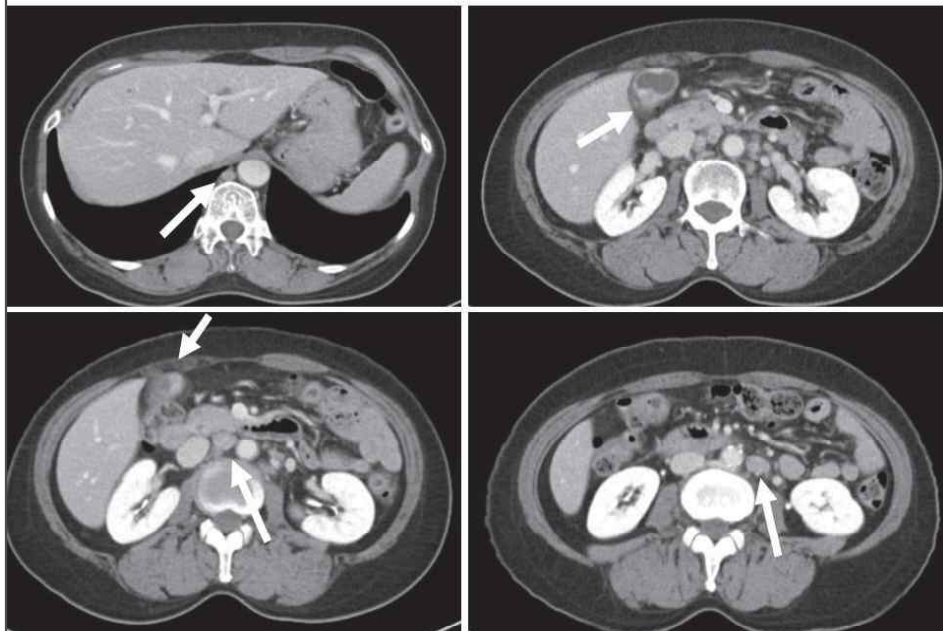
p63 (+, focal), MUC5AC (-), p53 (+, diffuse)

→ Pancreatobiliary-origin tumor, most likely

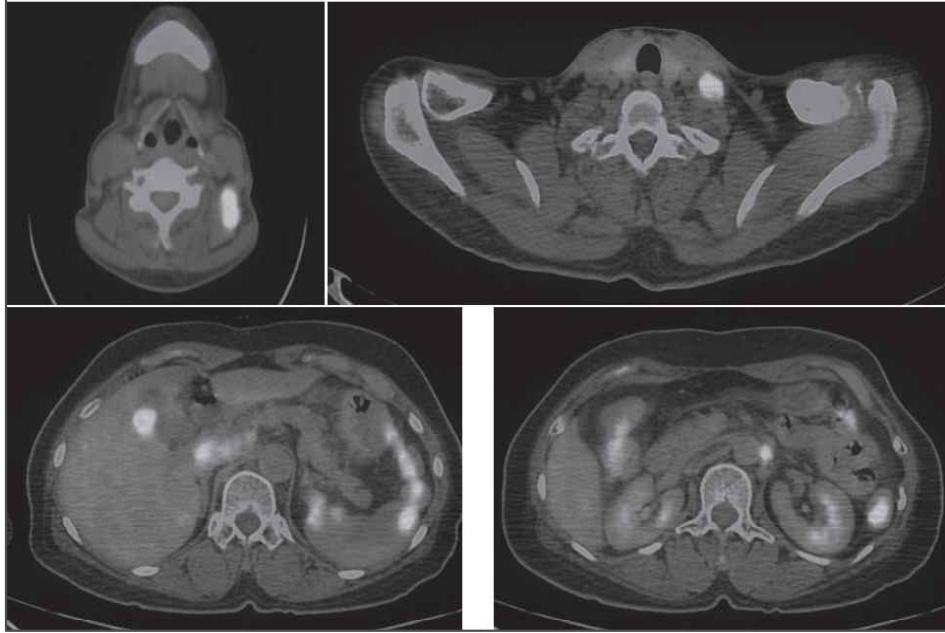
Possibility of other origins cannot be excluded

CA 19-9 23 U/mL, CEA 333.4 ng/mL

o/s AP CT (2018-10-17)



o/s PET-CT (2018-10-17)



Assessment and Plan

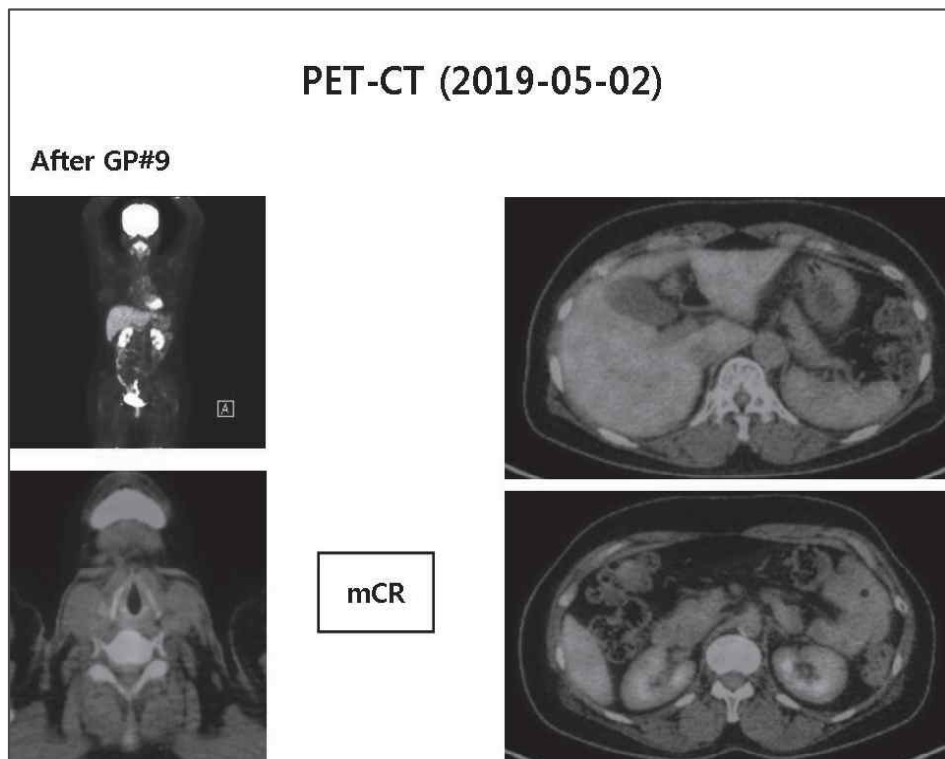
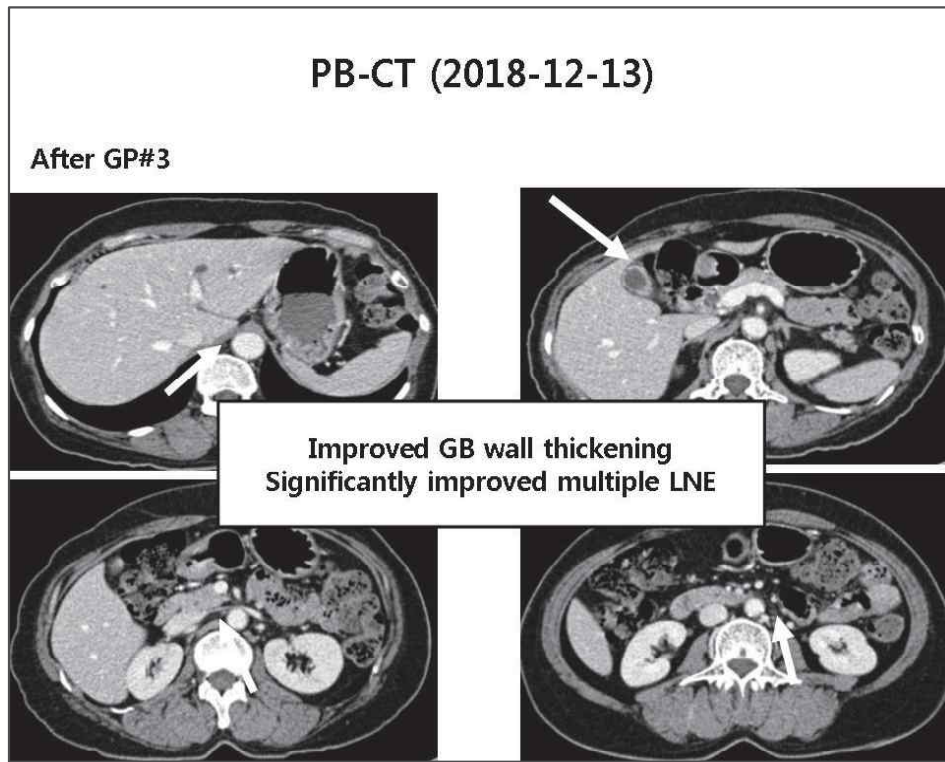
- **Assessment**

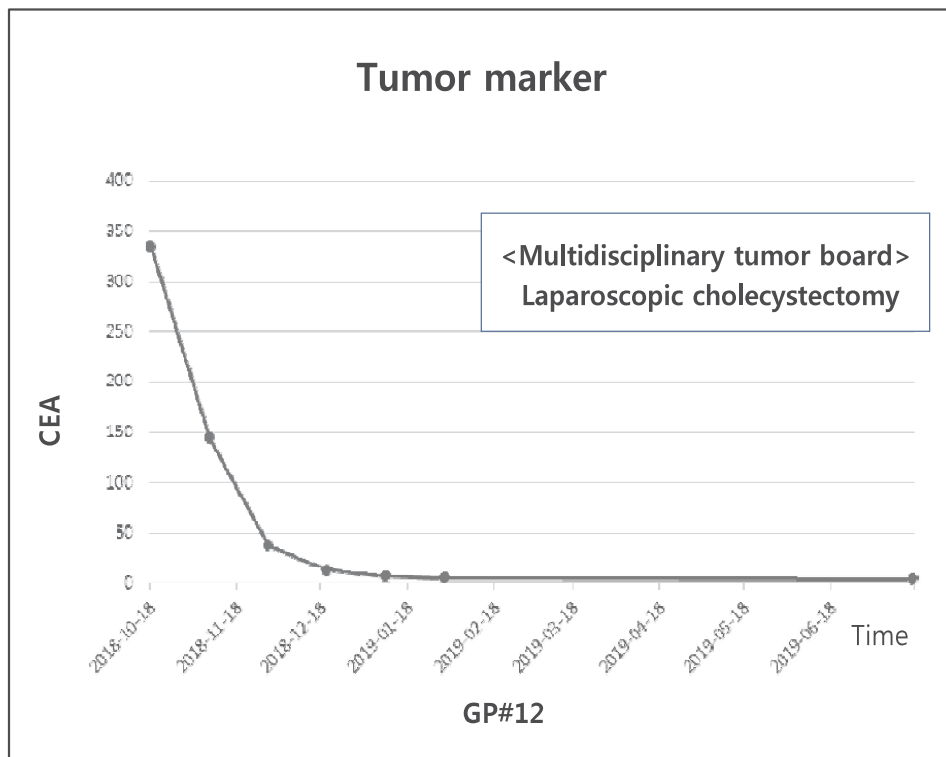
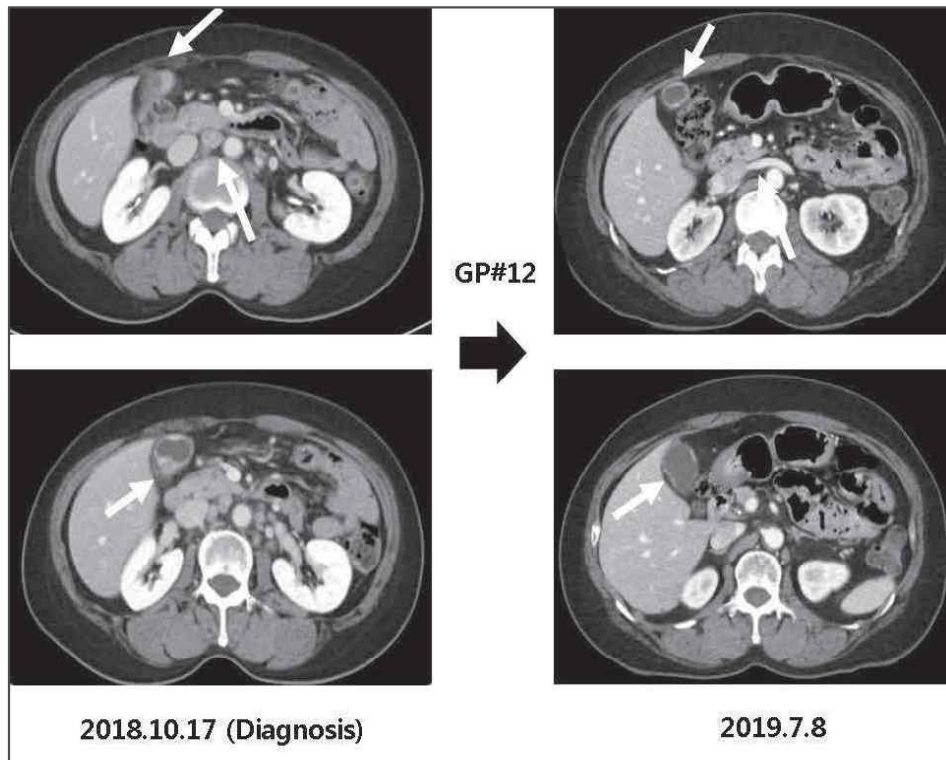
Gallbladder cancer, M/LNs

(including aortocaval, paraaortic, neck LN)

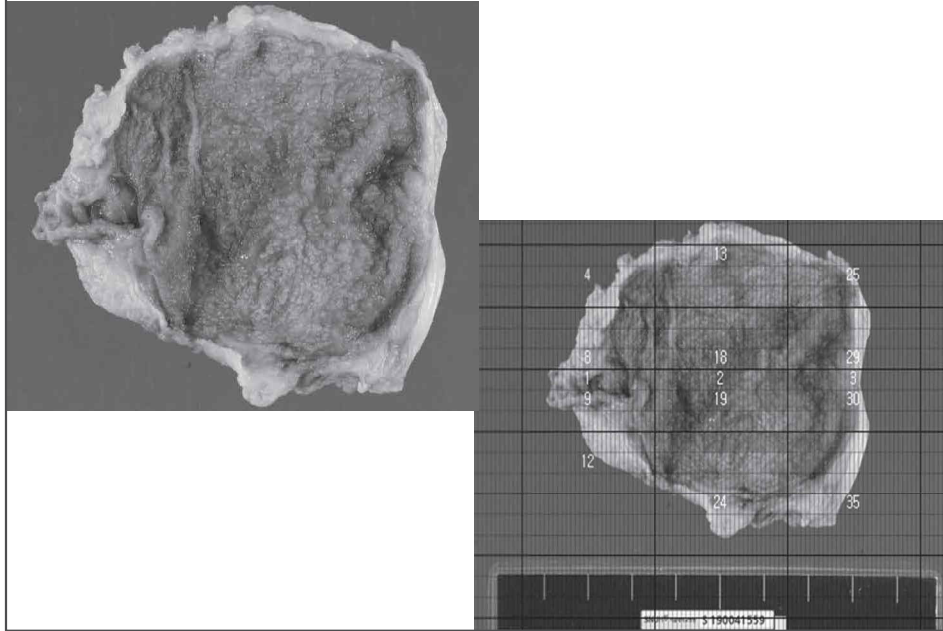
- **Plan**

Palliative chemotherapy (Gemcitabine+Cisplatin)

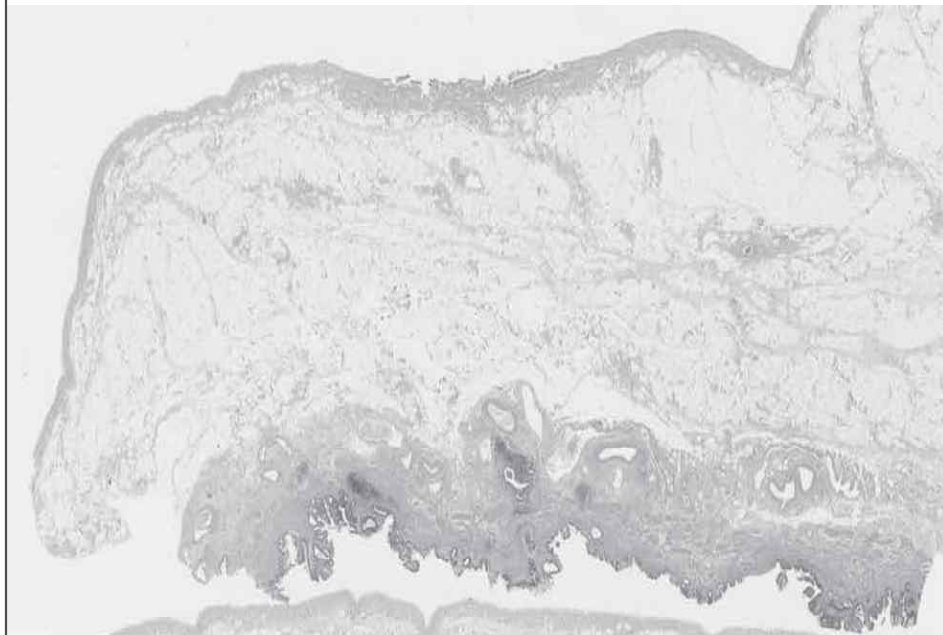


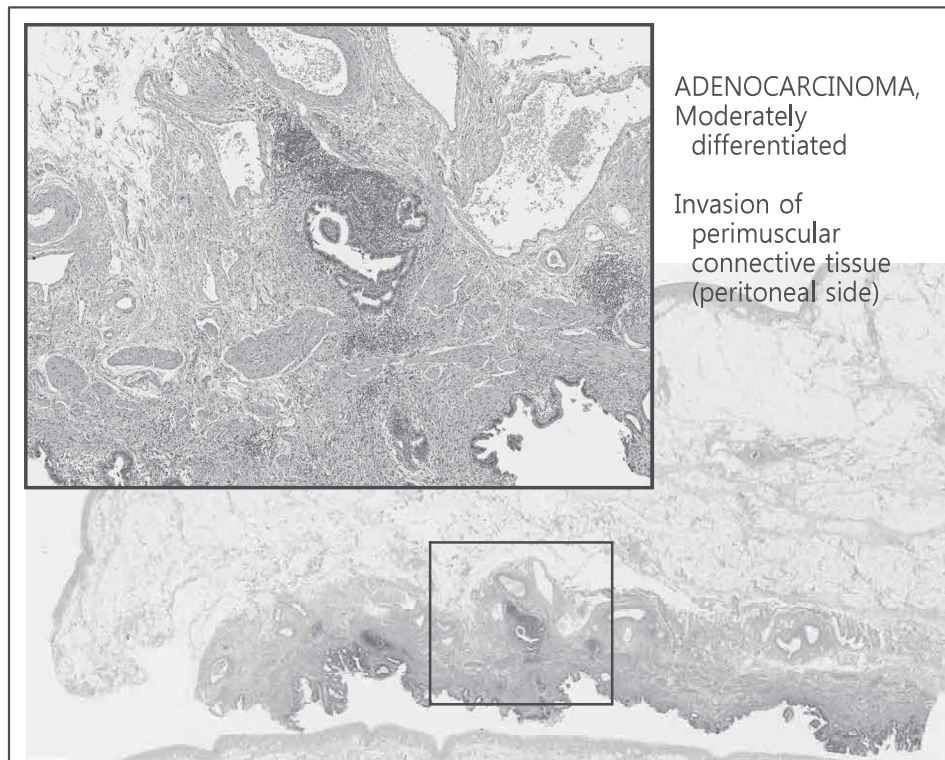


Laparoscopic cholecystectomy (2019-07-23)



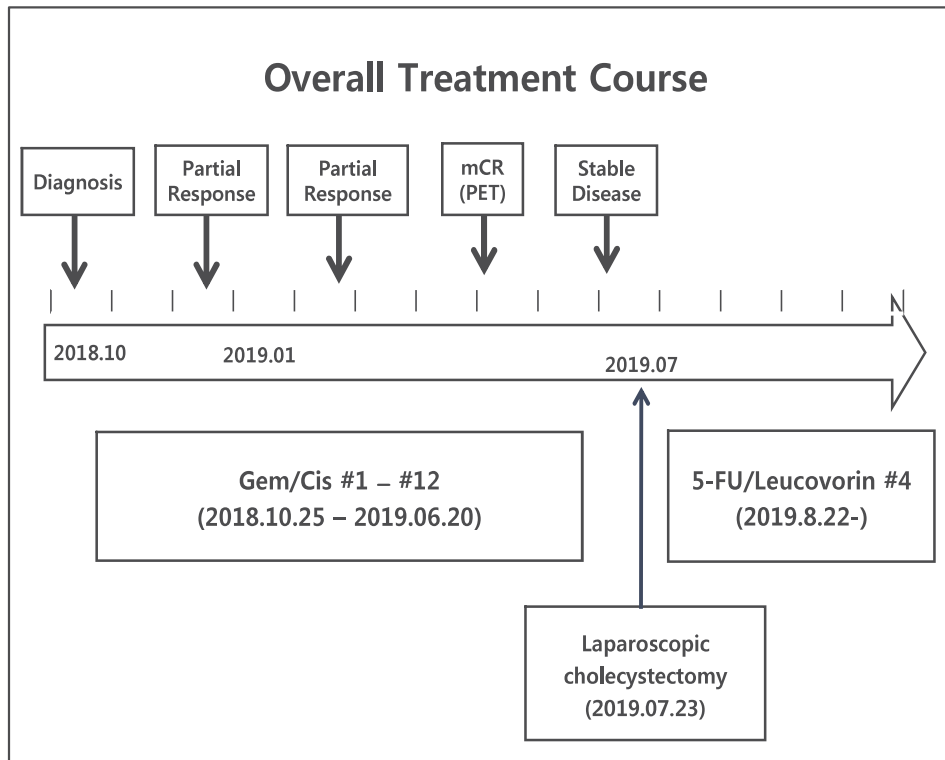
Laparoscopic cholecystectomy (2019-07-23)





Laparoscopic cholecystectomy (2019-07-23)

- ADENOCARCINOMA, moderately differentiated, multifocal
- Gross type: diffuse papillary and flat
- **Size: 3.9×3.0×0.5 cm (carcinoma component)**
5.0×4.8×0.5 cm (including high grade dysplasia)
- Depth of invasion
 - Gallbladder: perimuscular connective tissue on the **peritoneal side**
- **Surgical margin: free** (safety margin: cystic duct, 3.8 cm)
- **Lymph node: N/A**
- Lymphatic invasion: not identified
- Venous invasion: not identified
- Perineural invasion: not identified
- Dysplasia: present, high grade
- Pathologic staging (AJCC 8th ed.): **ypT2aNx**



MEMO

MEMO