

A Case of Initial Unresectable Gallbladder Cancer Successfully Treated by Curative Resection After Long-term Course of Chemotherapy and Repetitive Biliary Drainage

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1. Case presentation: A 51-year-old man came to our emergency room for jaundice which developed 1 week earlier. He denied fever or chills. Physical examination revealed no abnormality except icteric sclera.
2. Diagnosis: Initial imaging studies showed Bismuth type IIIA biliary obstruction by extensive gallbladder cancer. Possible peritoneal seeding nodules were also noticed in the initial computed tomography. Therefore he was diagnosed as unresectable gallbladder cancer with peritoneal seeding.
3. Therapy and Clinical course: After biliary decompression by Y-type stenting, chemotherapy was given. The chemotherapy regimens were changed several times because of intolerance. Recurrent cholangitis caused by stent malfunction led to repetitive sessions of percutaneous transhepatic biliary drainage (PTBD) as well as endoscopic retrograde biliary drainage (ERBD). He had survived for more than two years and imaging studies showed stable extent of tumors without definite evidence of peritoneal seeding. Finally he underwent extended right hemihepatectomy after right portal vein embolization. The pathologic examinations reported R0 resection with no lymph node metastasis.
4. Conclusion: This case shows that even unresectable gallbladder cancer could be successfully treated by curative resection if appropriate chemotherapy is given with meticulous management of biliary obstruction.

Key Words: Gallbladder cancer, Chemotherapy, Biliary drainage

Case presentation

❖ **51/Male**

❖ **Chief complaint** : Jaundice (onset: 1 weeks ago)

❖ **Present illness** :

A 51-year-old man came to our emergency room for jaundice which had developed 1 week earlier.

❖ **Past medical history** : none

Case presentation

❖ **Social history** :

10 pack-year current smoker, Social drinker

❖ **Review of systems** :

Fever (-), Chill (-), Weight loss (-), Abdominal pain (-)

Nausea (-), Vomiting (-), Hematemesis (-), Hematochezia (-)

Urinary symptom (+, dark urine)

❖ **Physical examination** :

BP 122/80 mmHg – HR 82/min – RR 20/min – BT 36.5°C

Icteric sclera

Abdomen : flat, soft, palpable mass (-), tenderness (-)

Initial laboratory results

CBC WBC 8,670/uL - Hb 14.4 g/dL - Plt 260,000/uL

Tbil 24.5 mg/dL (Direct bil 22.5 mg/dL)

ALP 745 IU/L, GGT 979 IU/L

AST/ALT 157/405 IU/L

Prot/Alb 6.2/4.2 g/dL

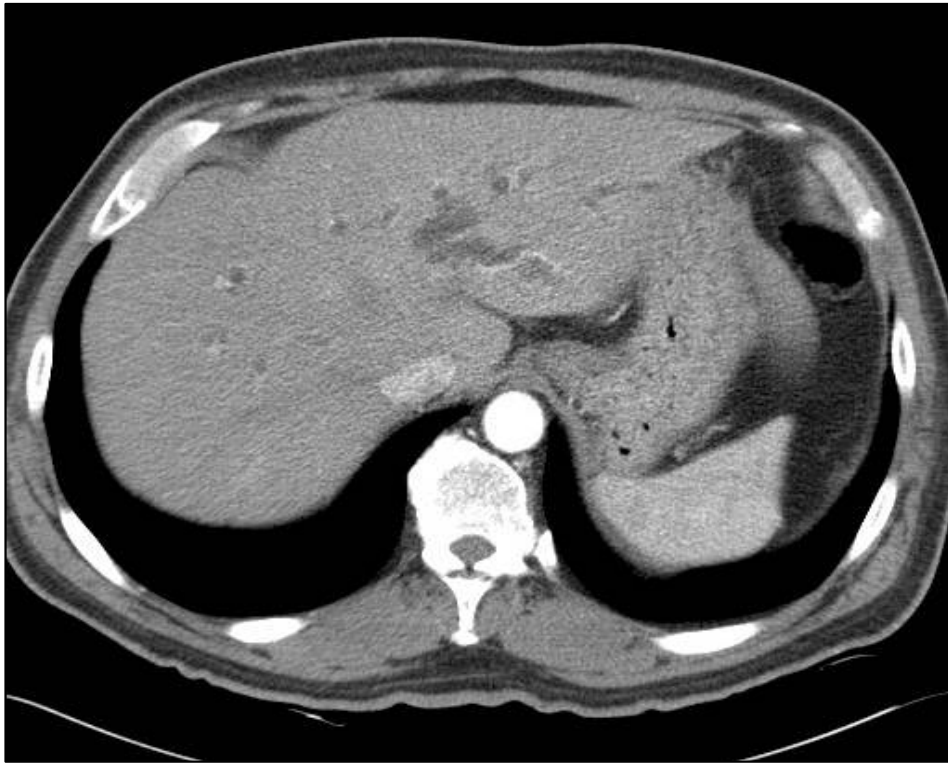
CRP 0.80 mg/dL

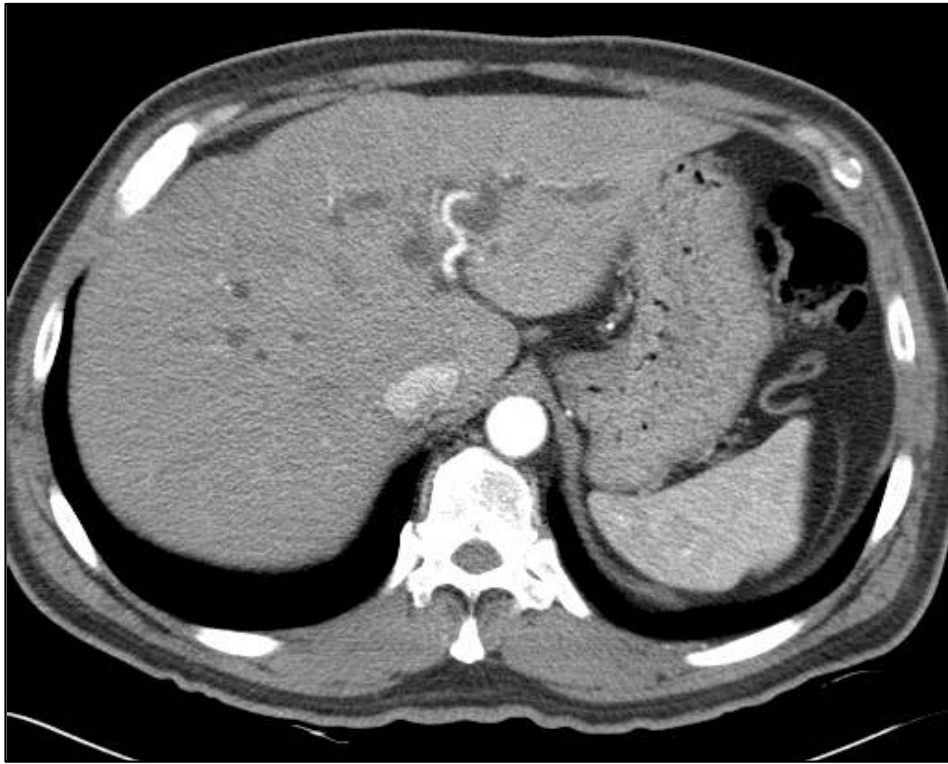
PT 109% (INR 0.95)

HBsAg (-), anti-HCV (-)

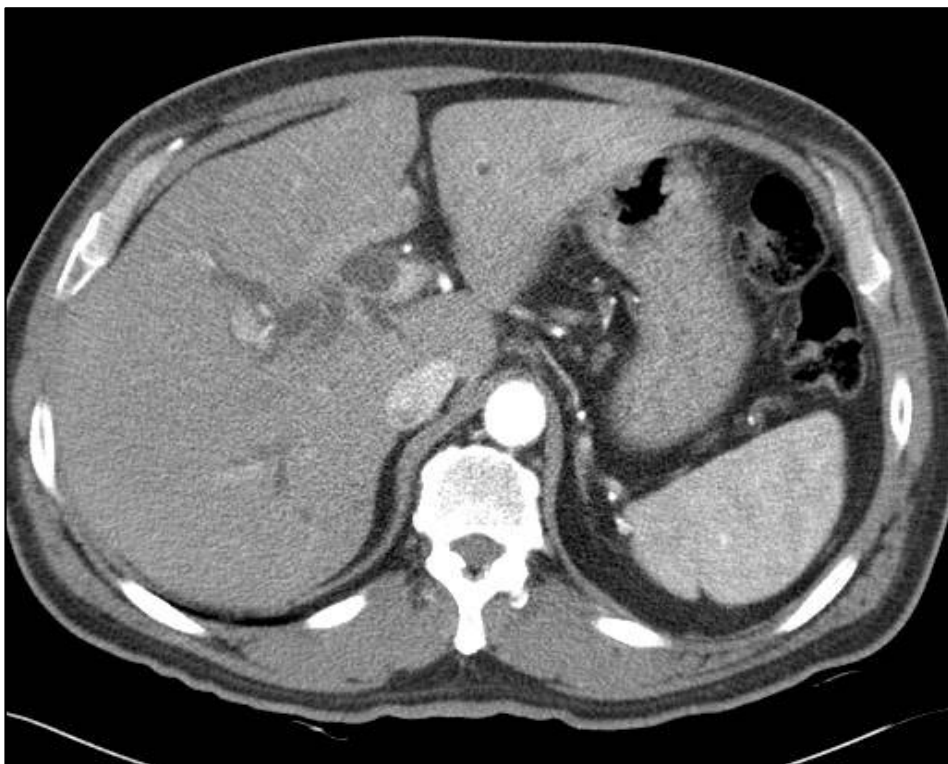
CA19-9 520 U/mL

**Initial CT
(2012-01-27)**





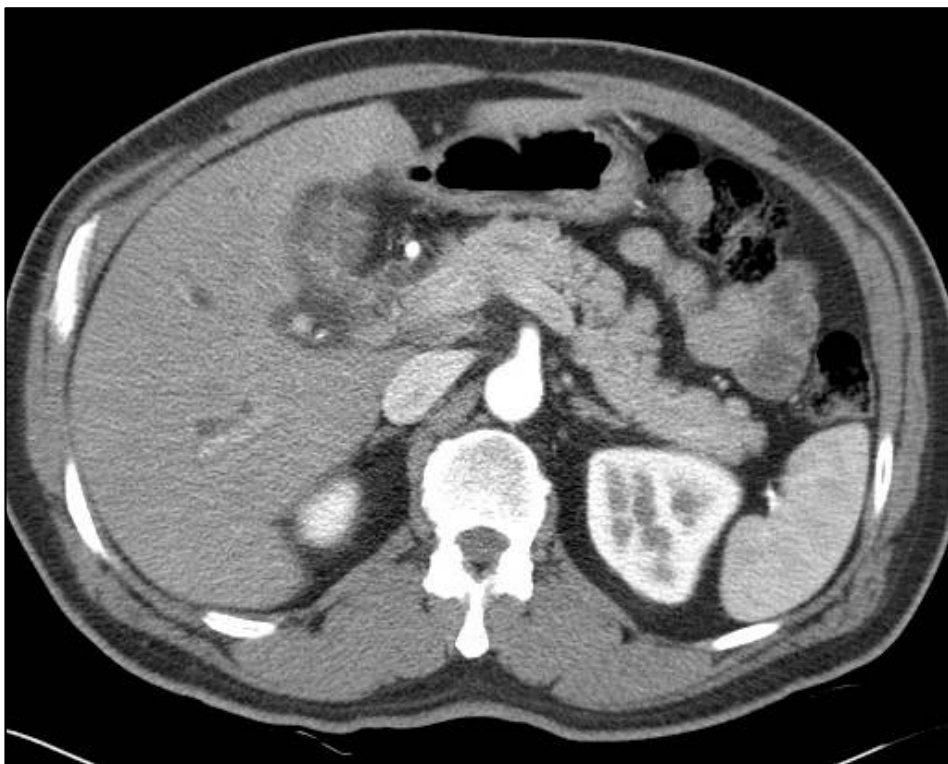
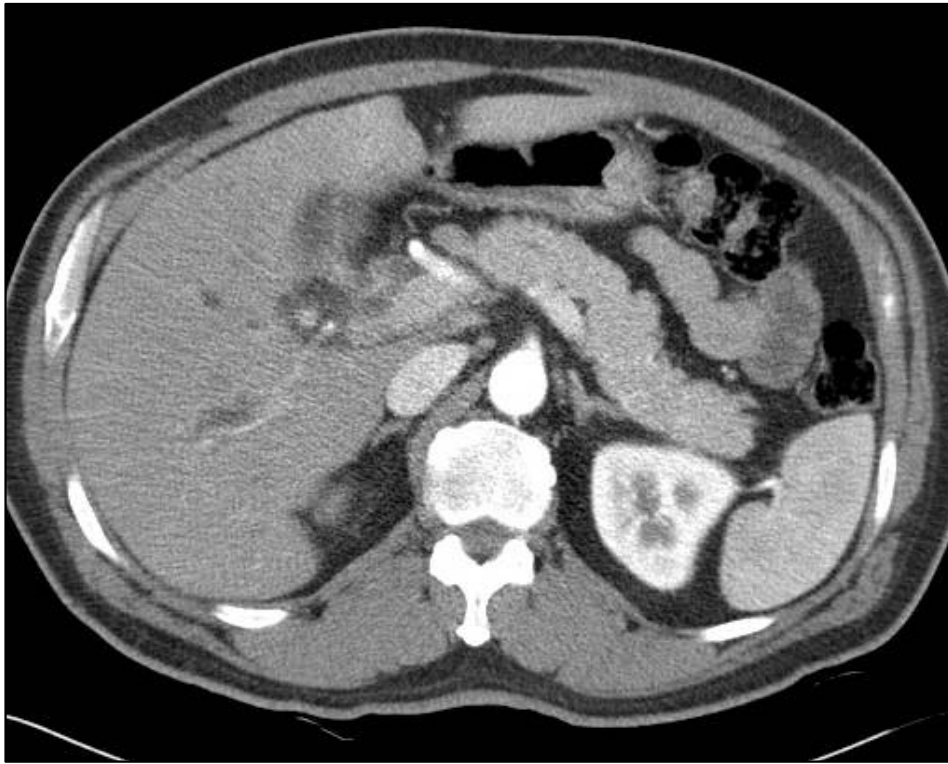


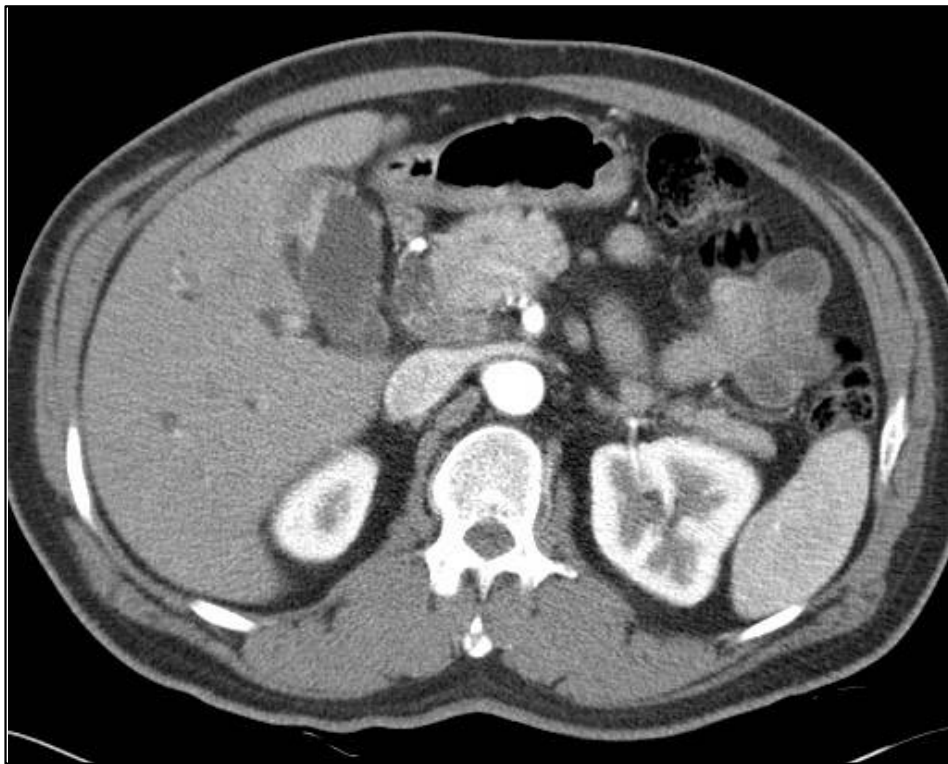


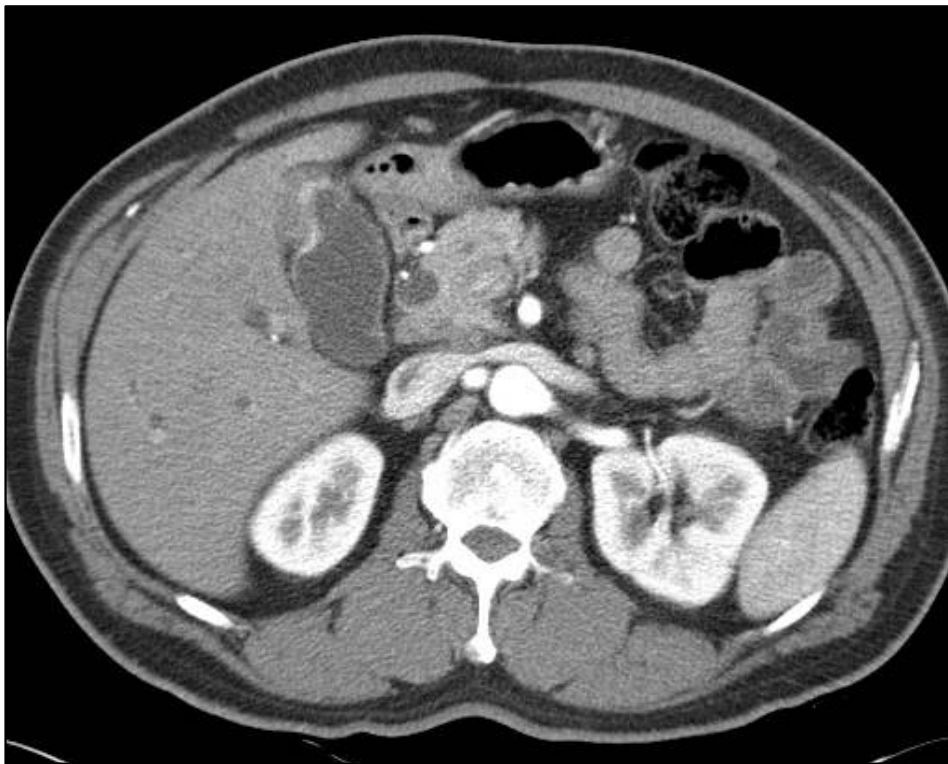


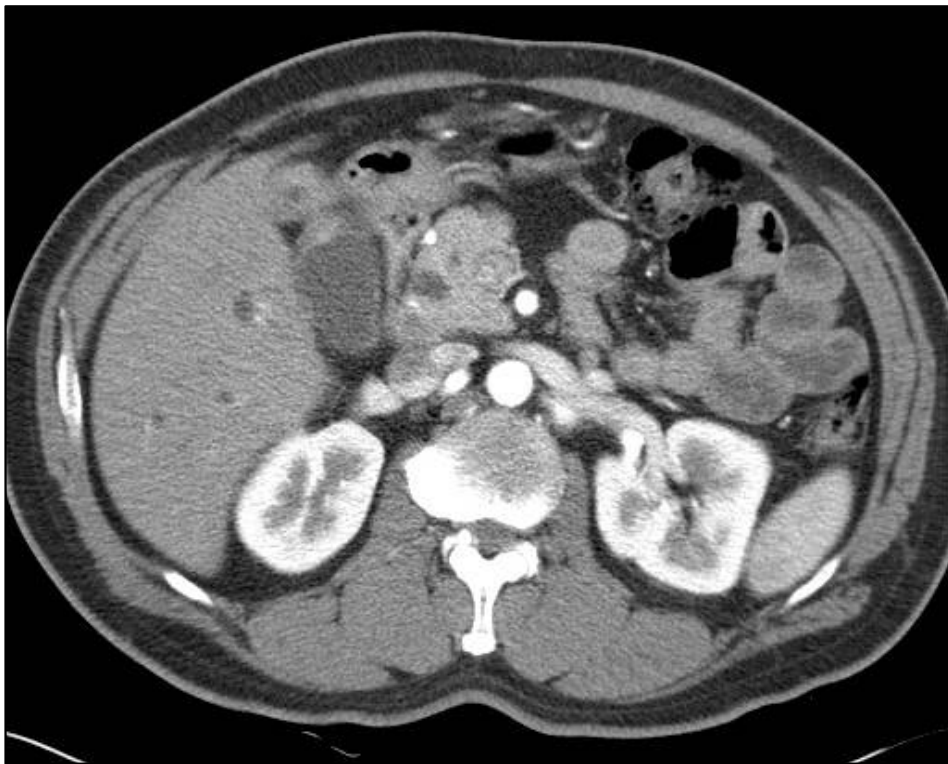
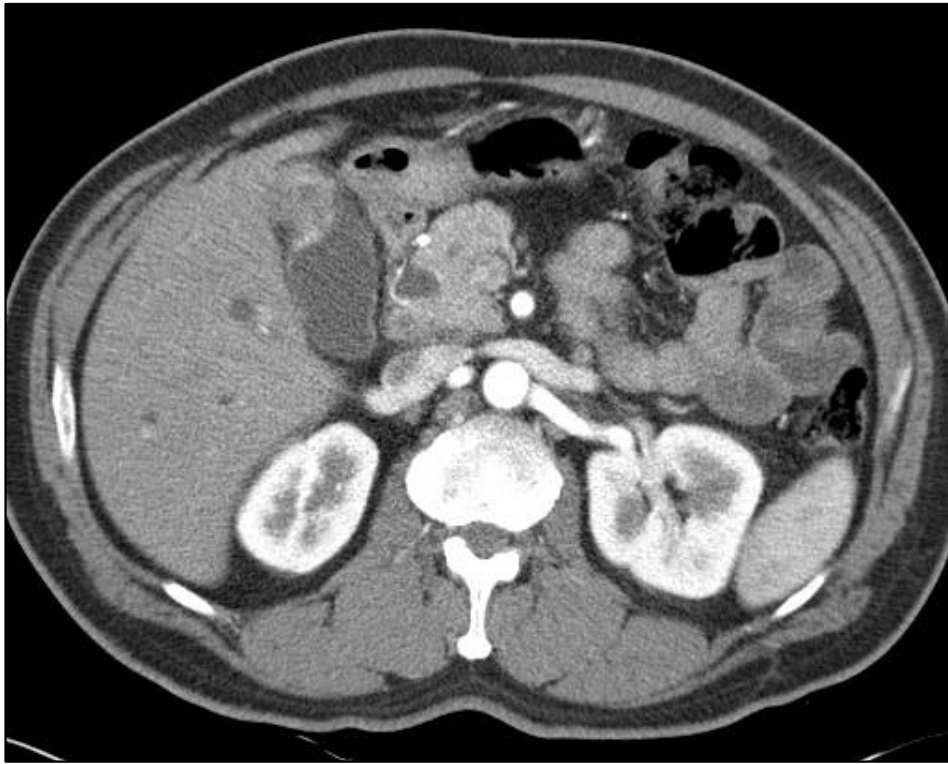


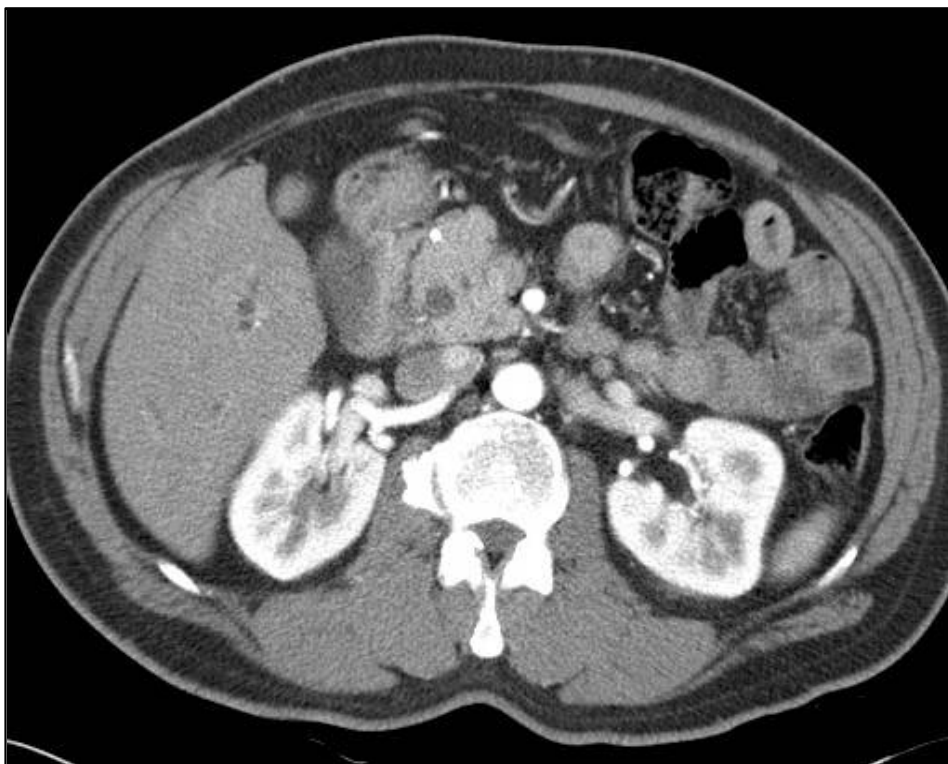
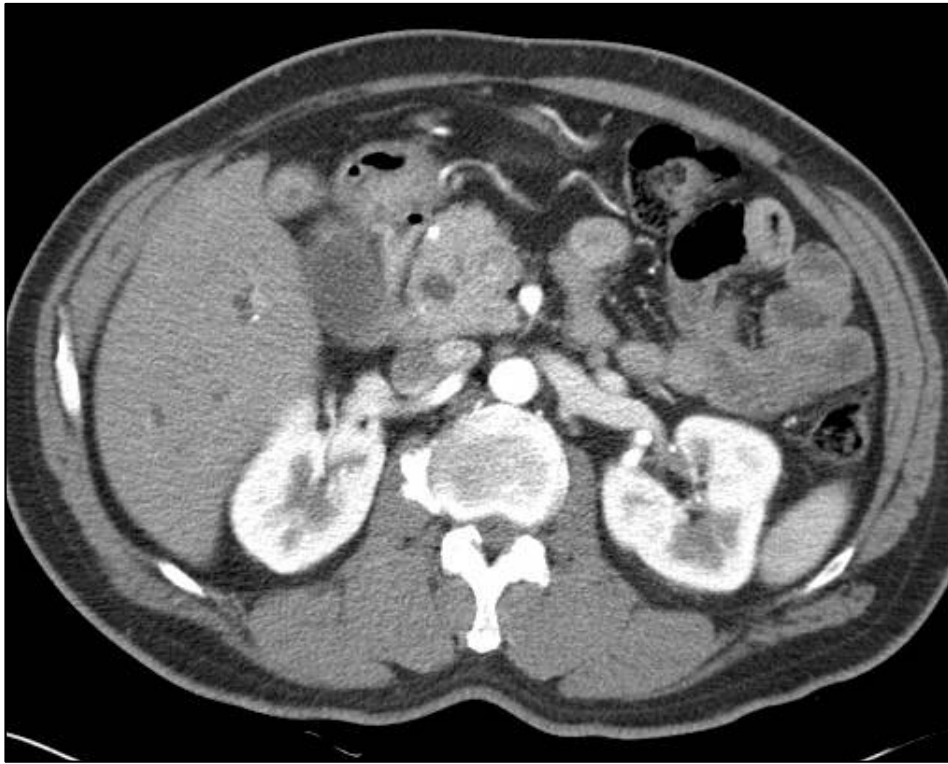


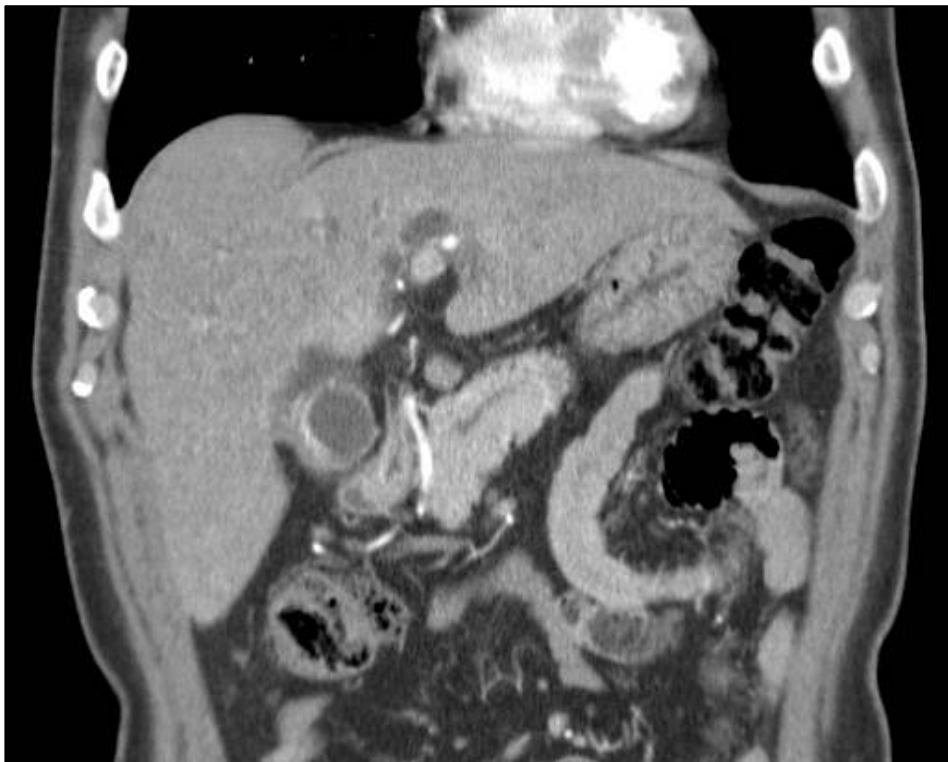
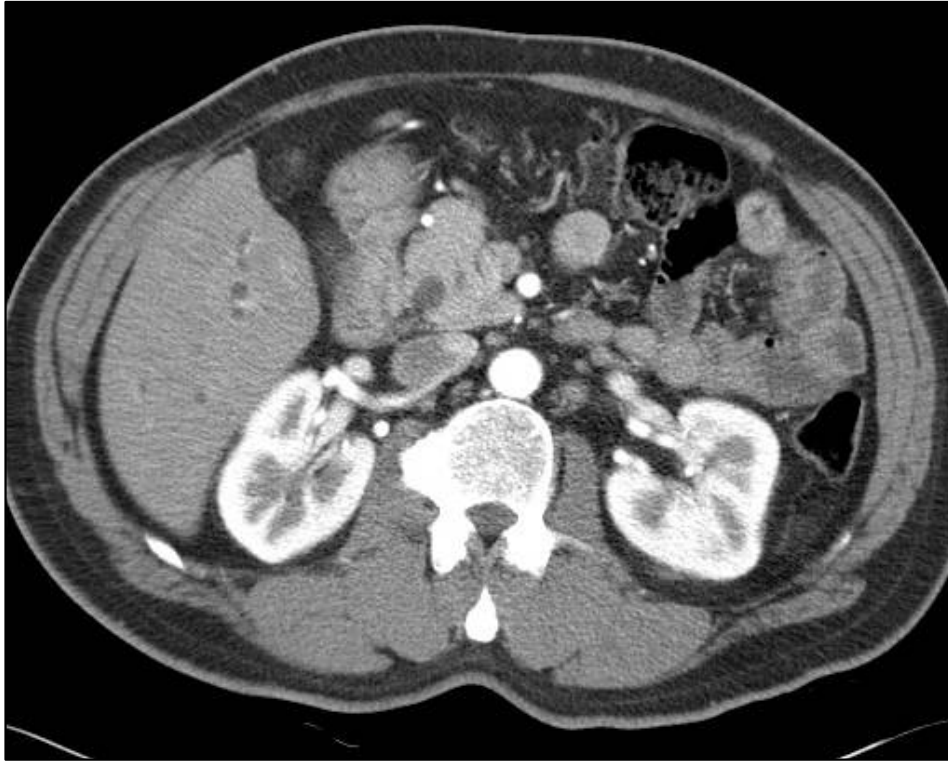


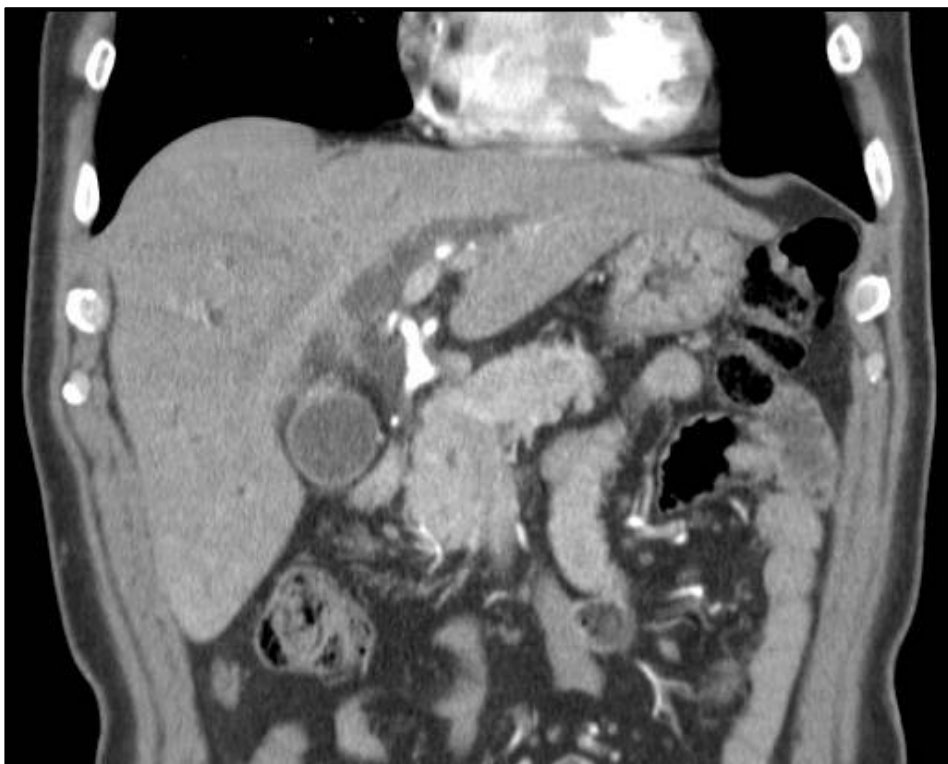
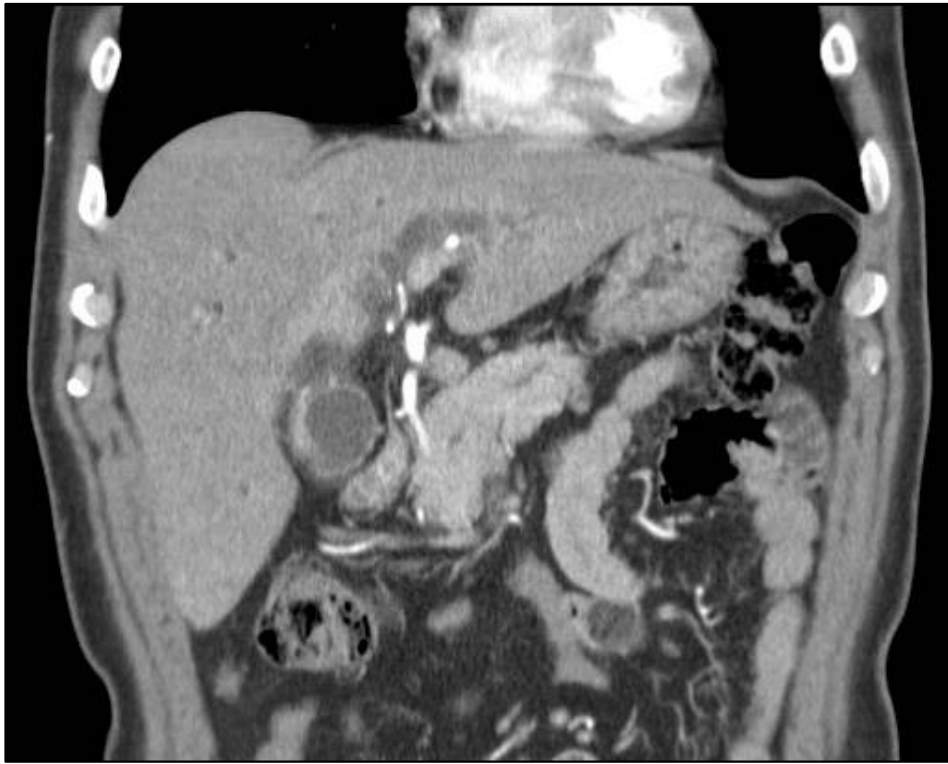


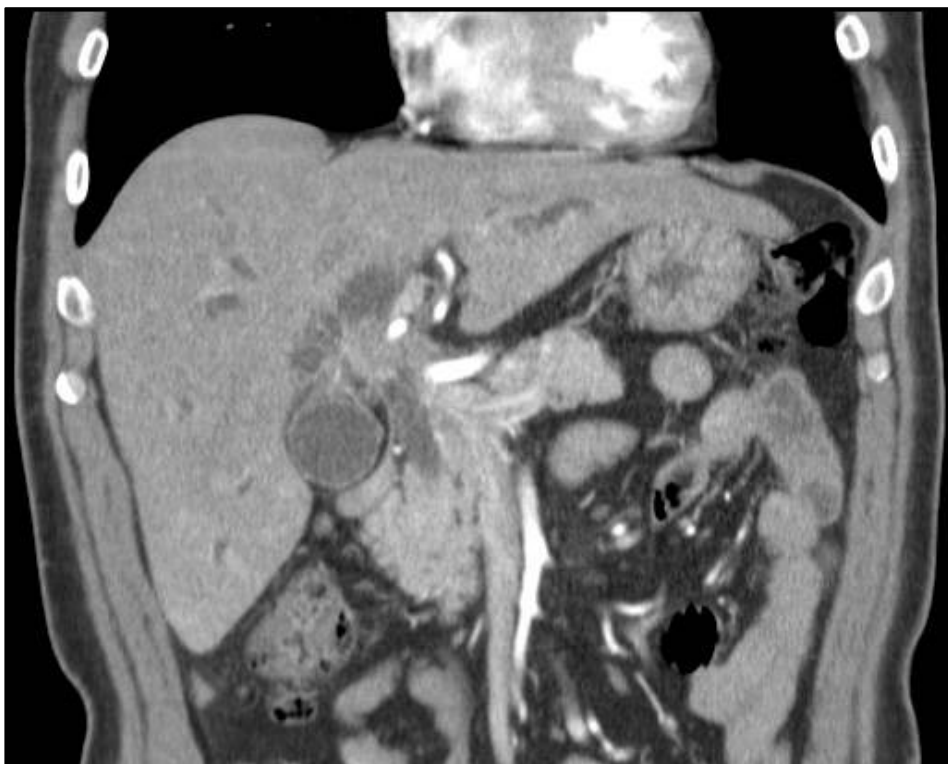
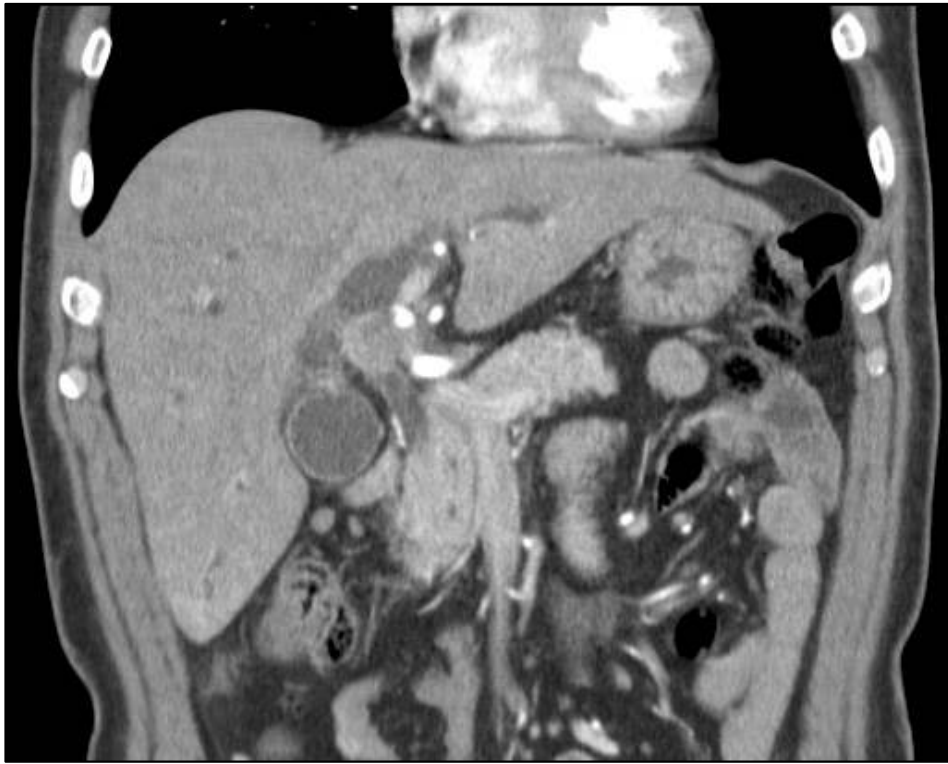












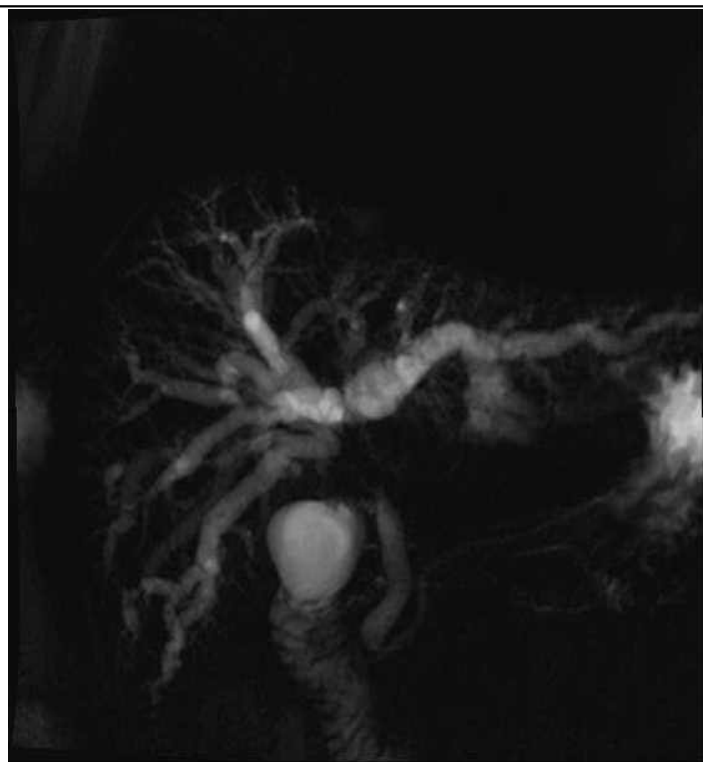




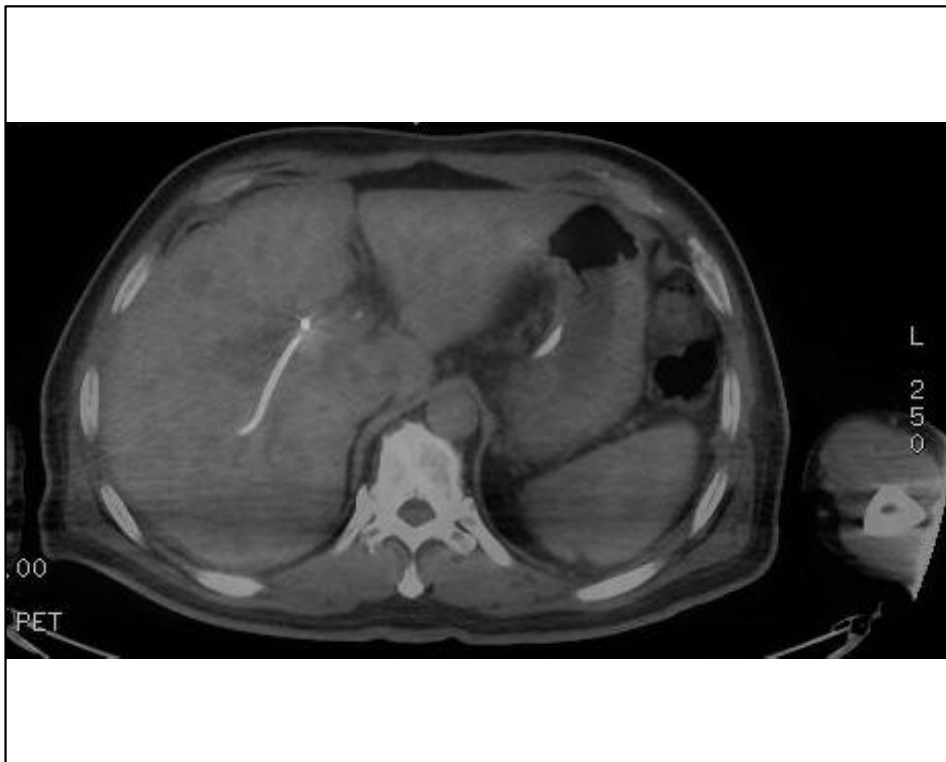


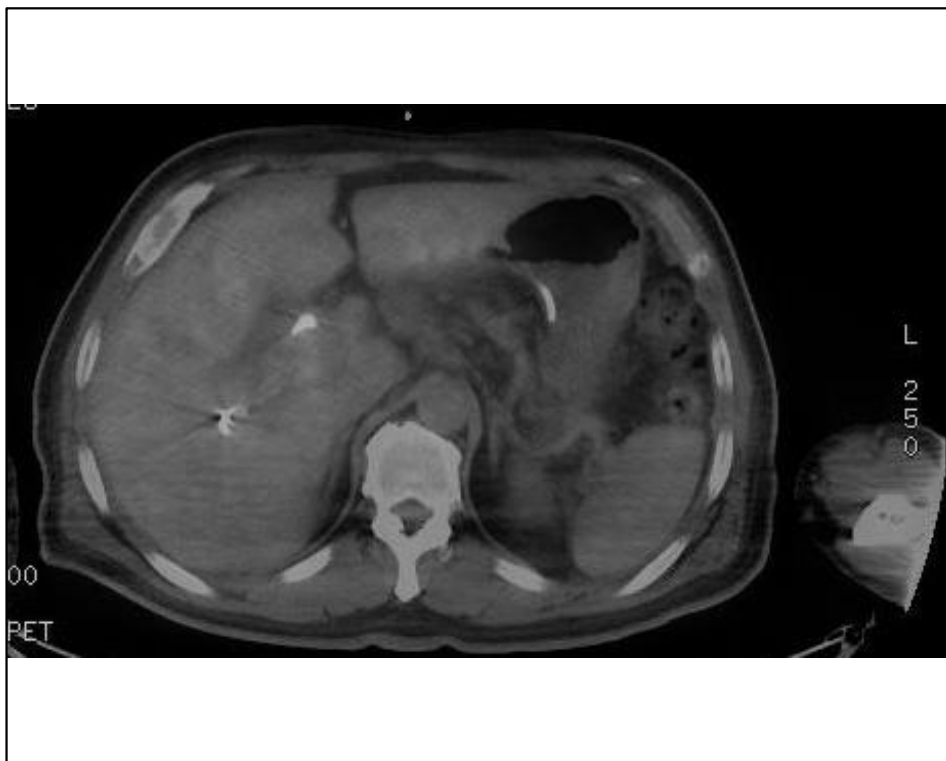
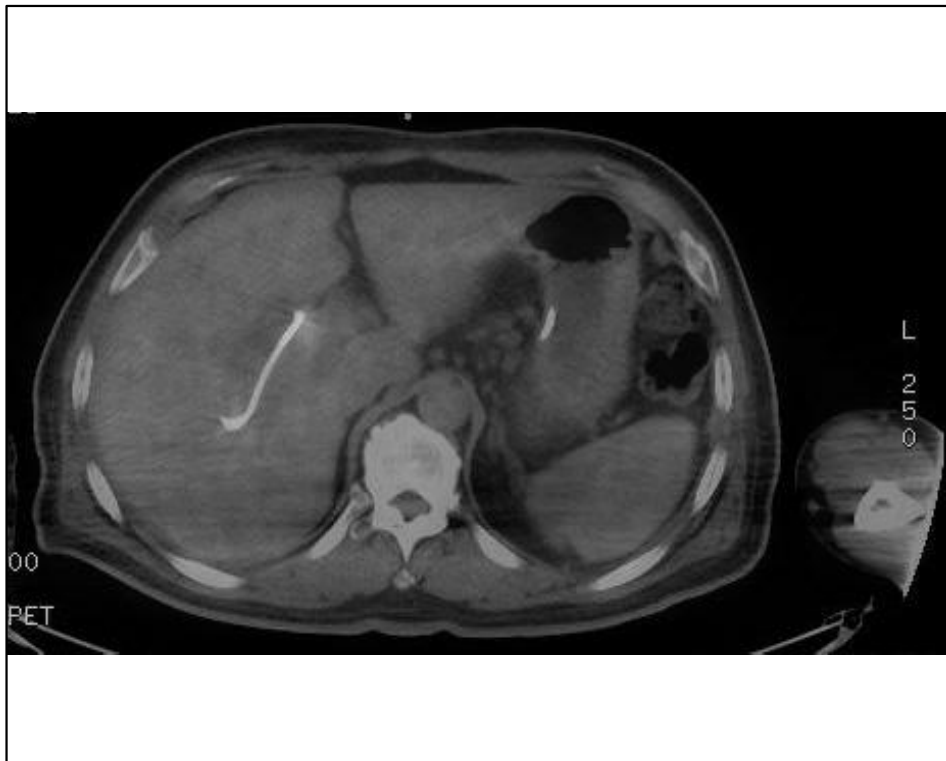


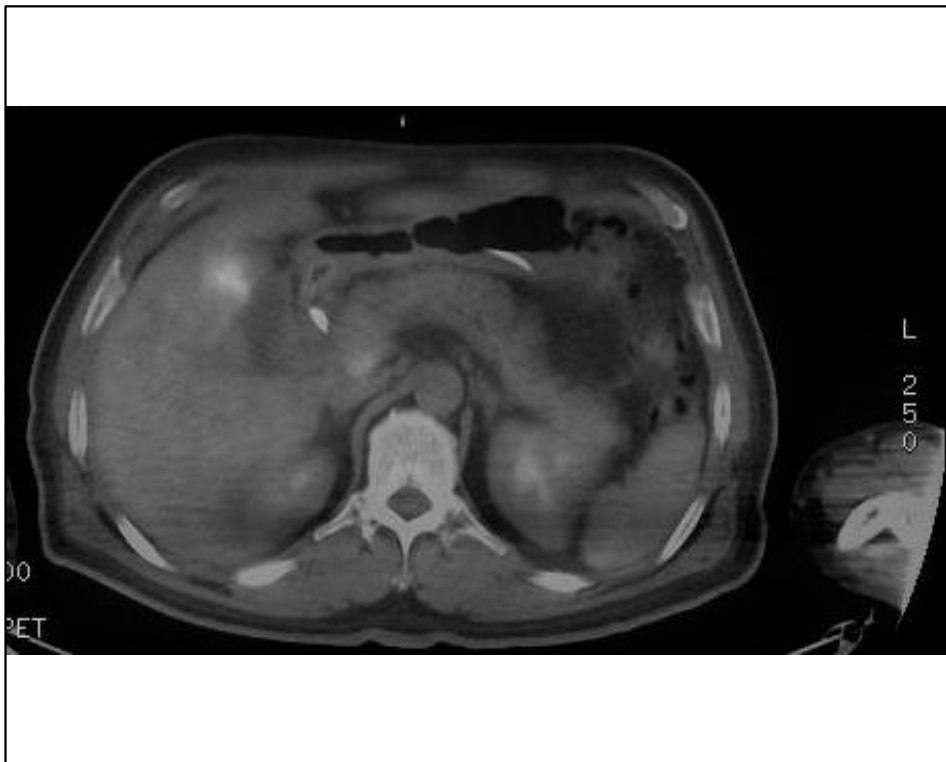
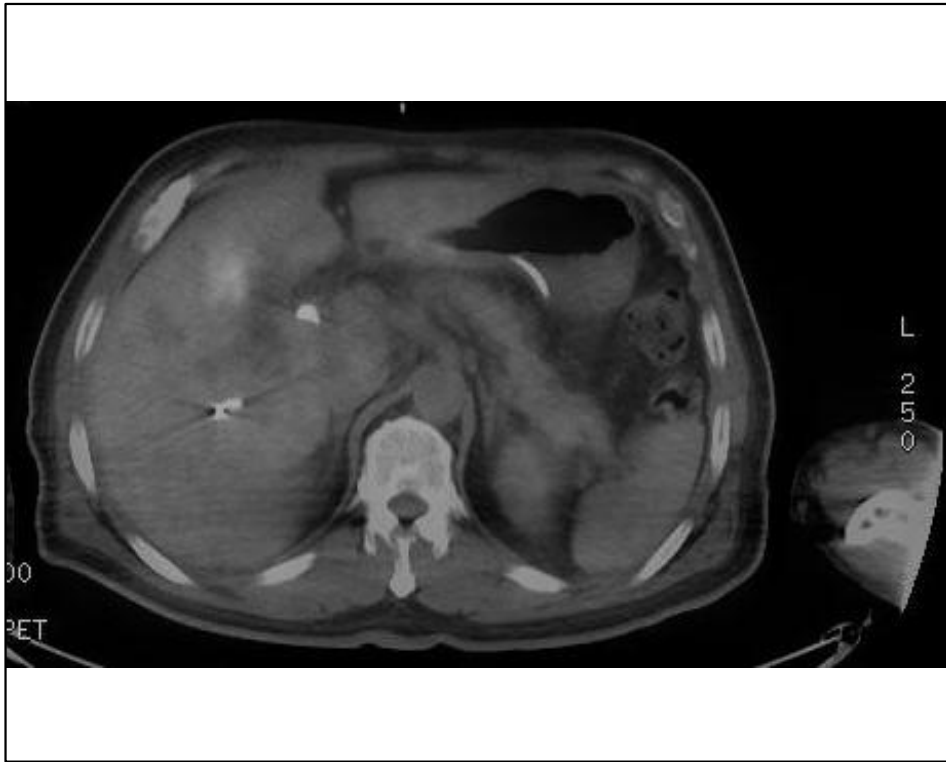
MRCP
(2012-01-31)

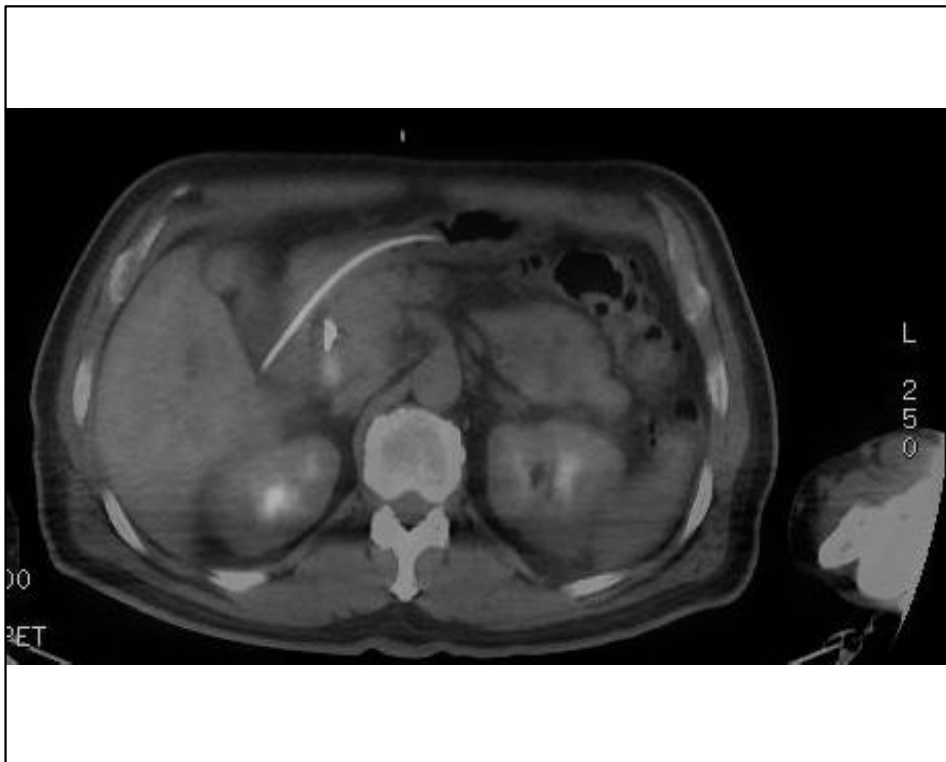
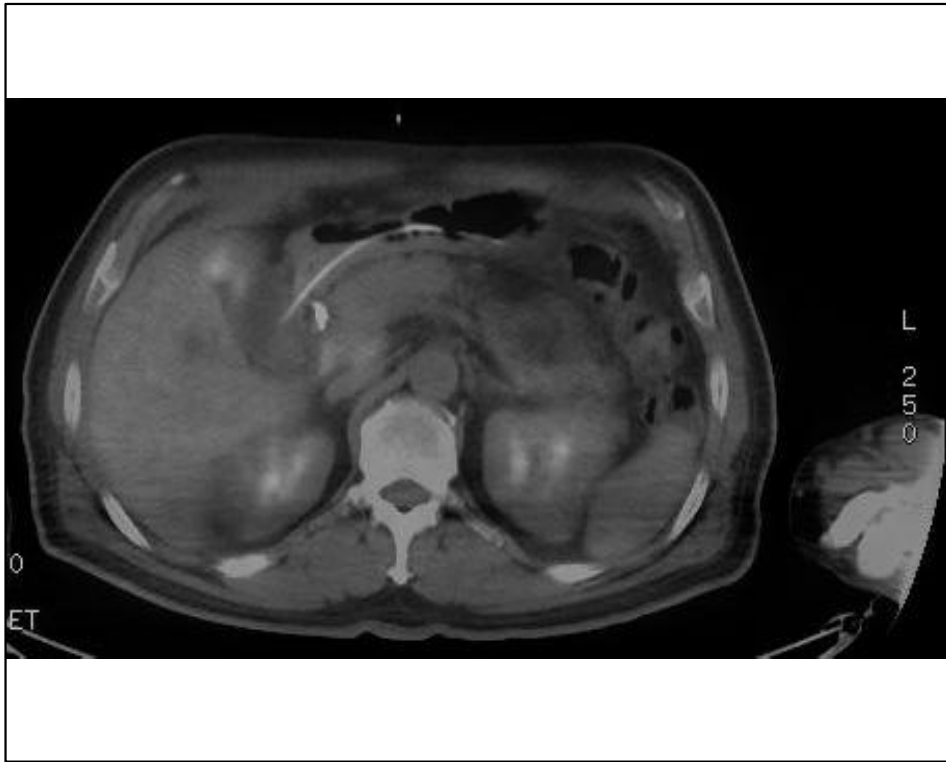


PET-CT
(2012-02-07)











Initial assessment

- ❖ Gallbladder cancer with hilar obstruction (Bismuth IIIA)
- ❖ Multiple LN metastases
- ❖ R/O peritoneal seeding

➔ **Unresectable gallbladder cancer**

Initial plan

❖ Endoscopic biliary decompression

❖ Endobiliary biopsy

❖ Palliative chemotherapy

GP (Gemcitabine + cisplatin)

2012-02-01 ERBD with plastic stent, ENBD

❖ Endobiliary biopsy (common hepatic duct)

▪ Chronic inflammation

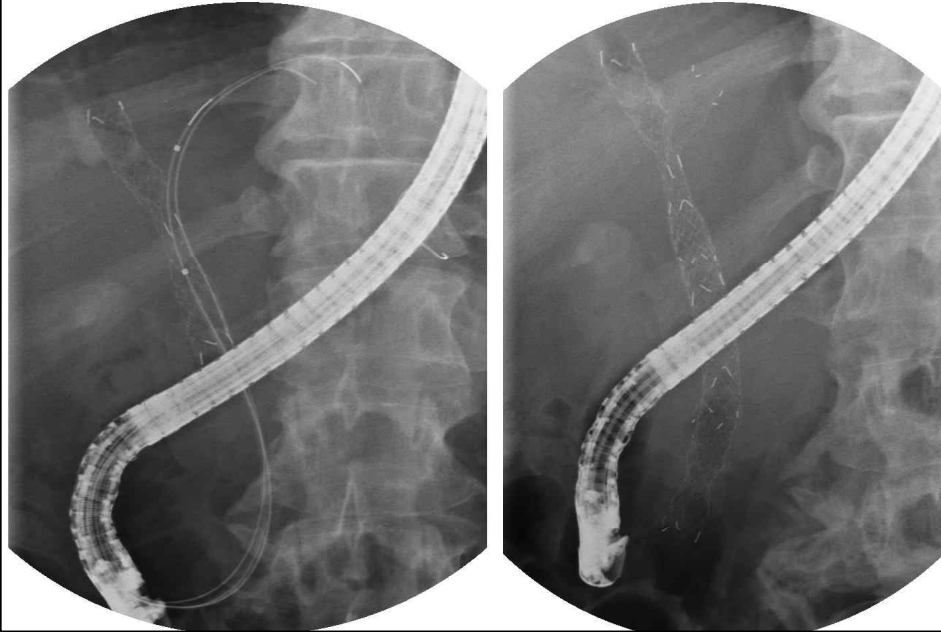
❖ Aspiration cytology

▪ Some atypical cell clusters

❖ Bile cytology and cell block

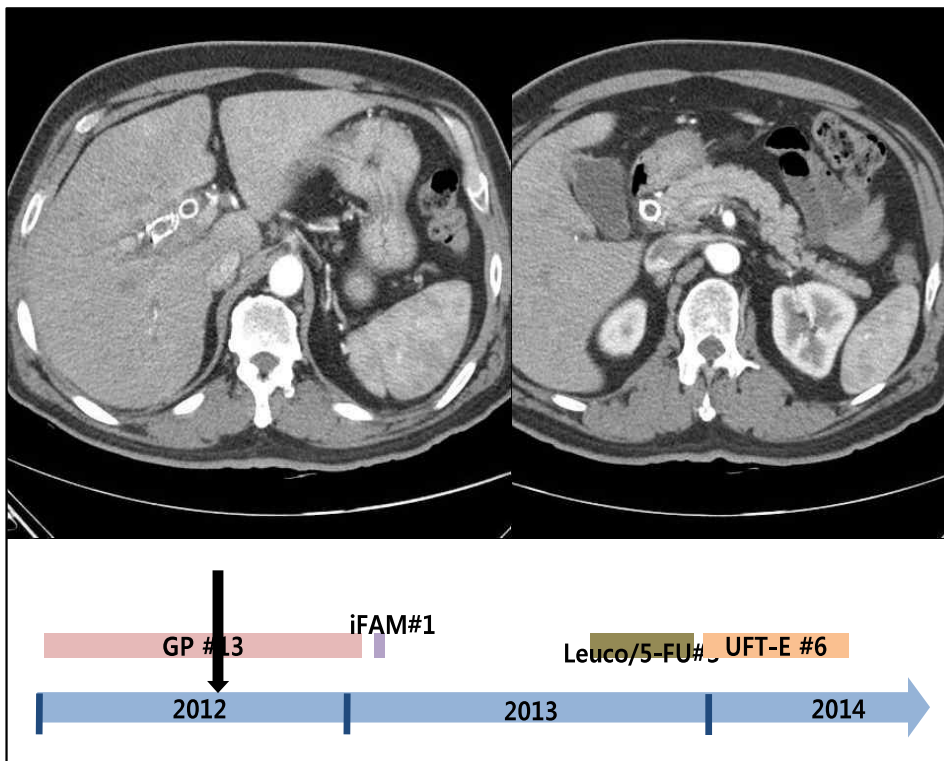
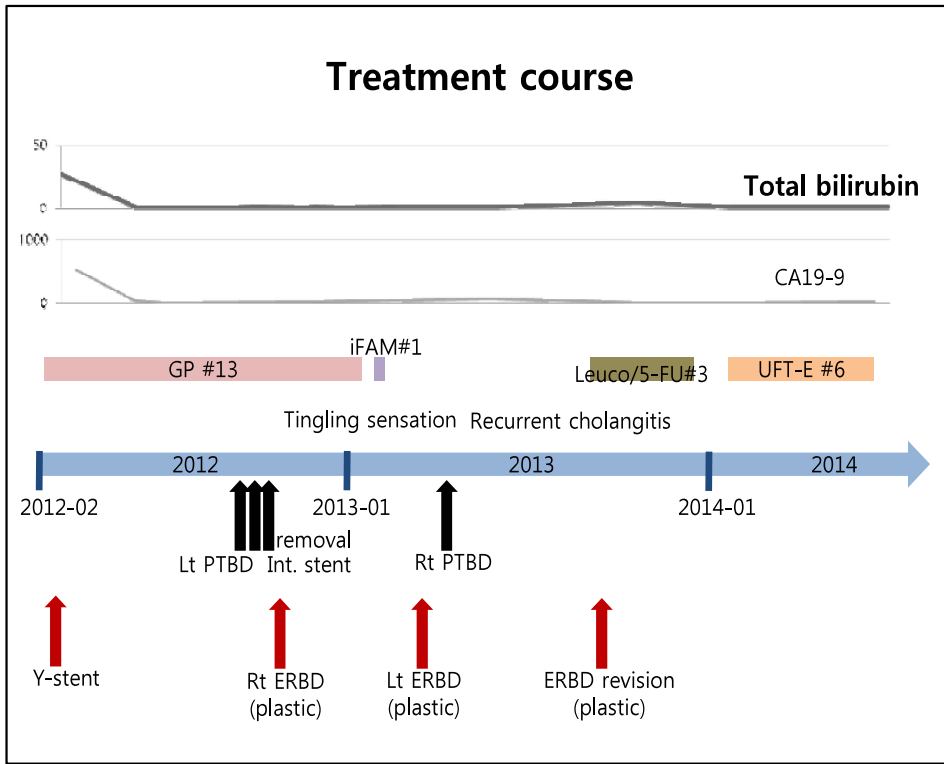
▪ **Adenocarcinoma**

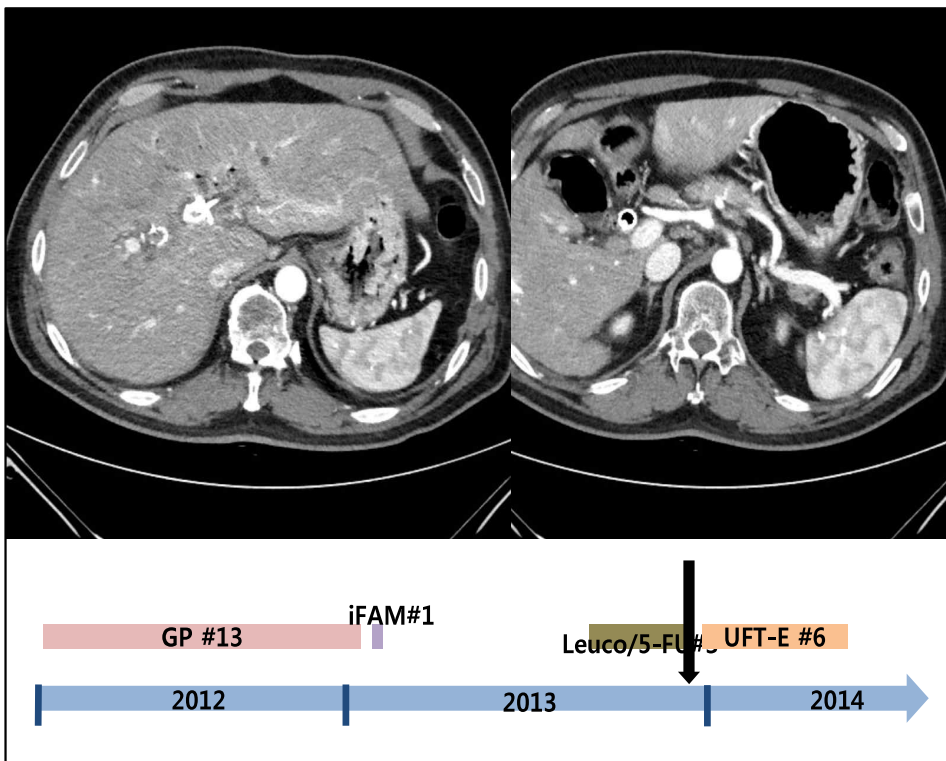
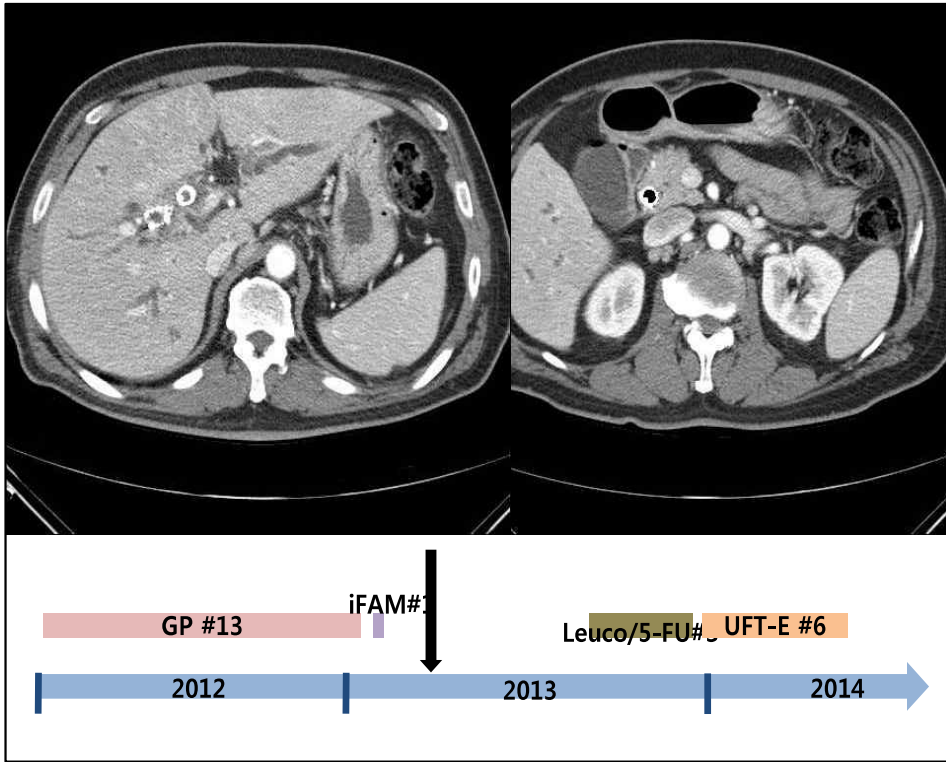
2012-02-09 Y-type metal stent insertion

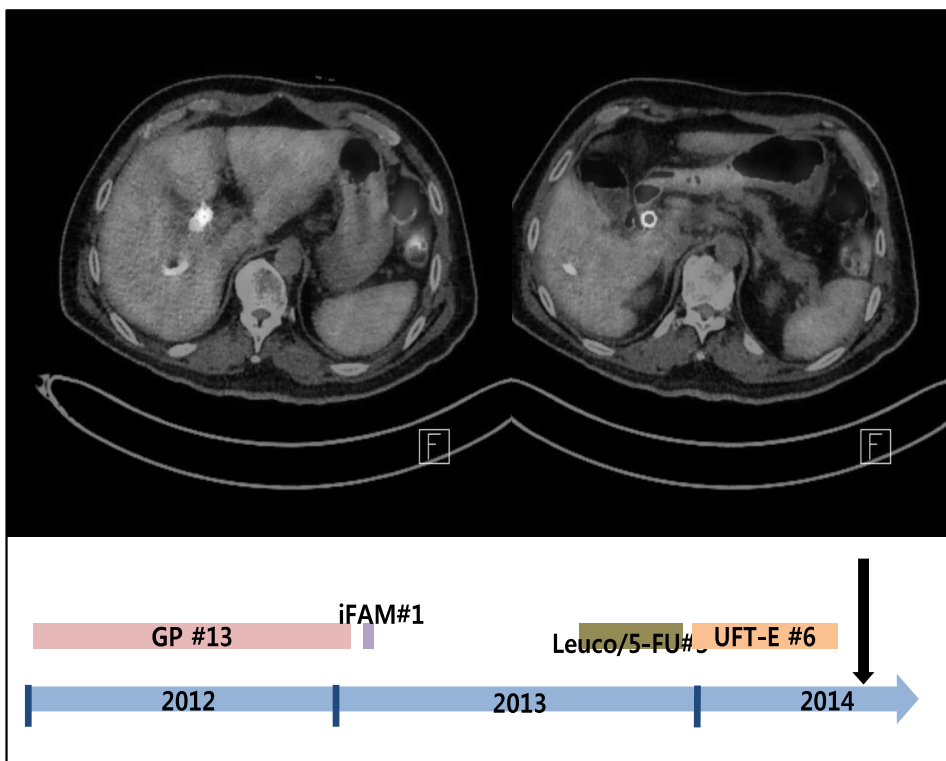
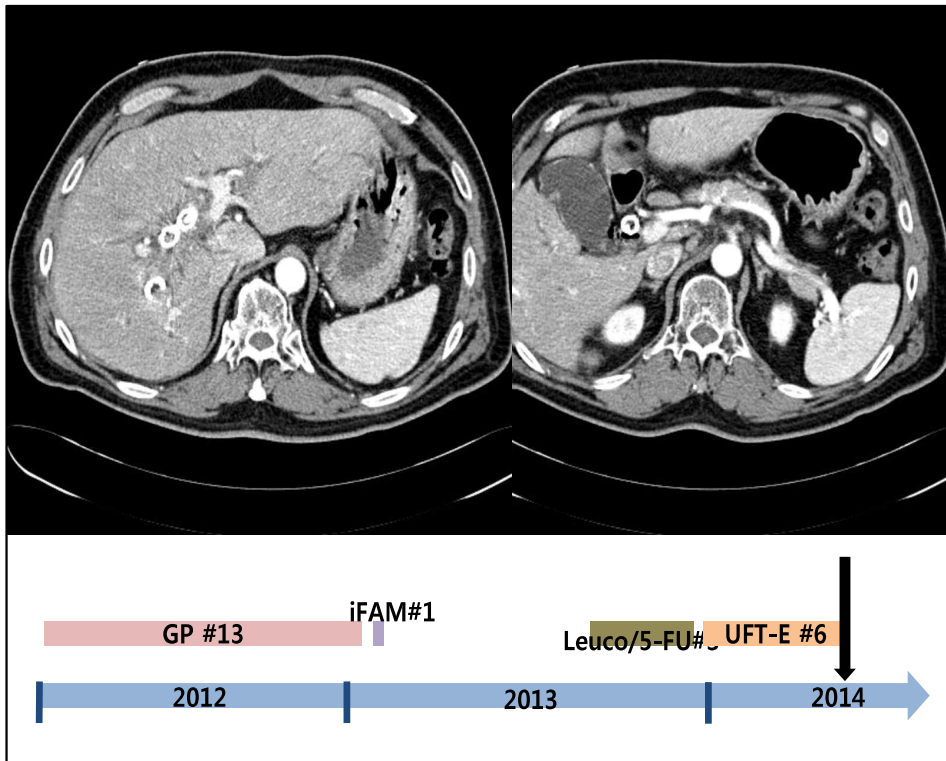


Follow-up laboratory results

	2012-02-01 (ER)	2012-02-15 (after Y stent)
Tbil (mg/dL)	24.5	4.0
ALP (IU/L)	745	293
GGT (IU/L)	979	252
AST/ALT (IU/L)	157/405	21/73







Plan

- ❖ Transfer to **Surgery**

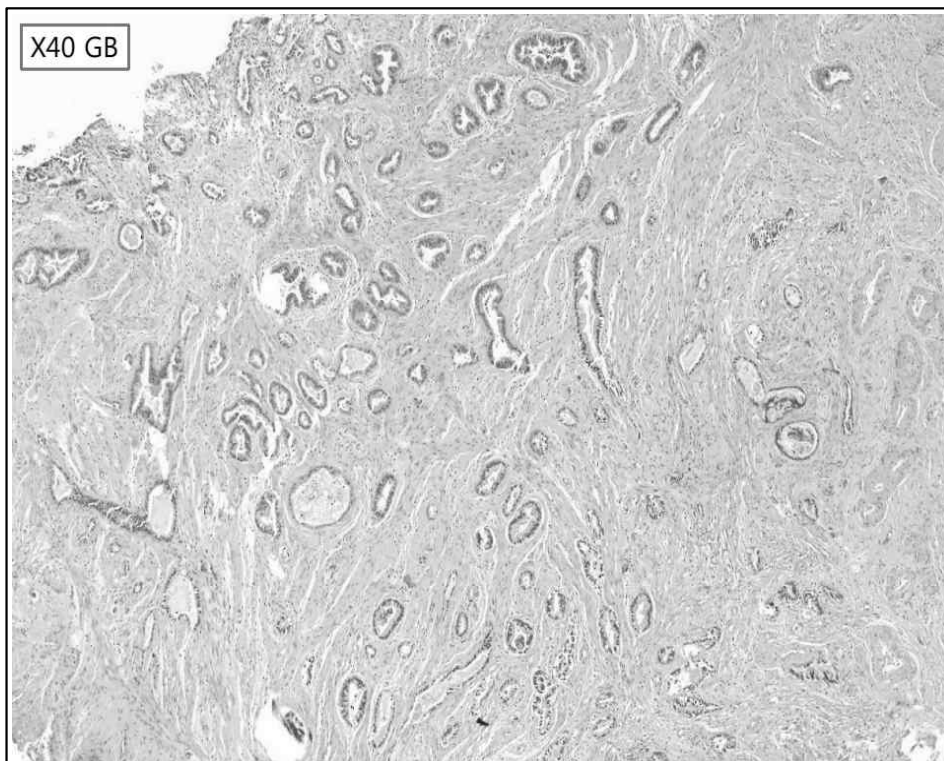
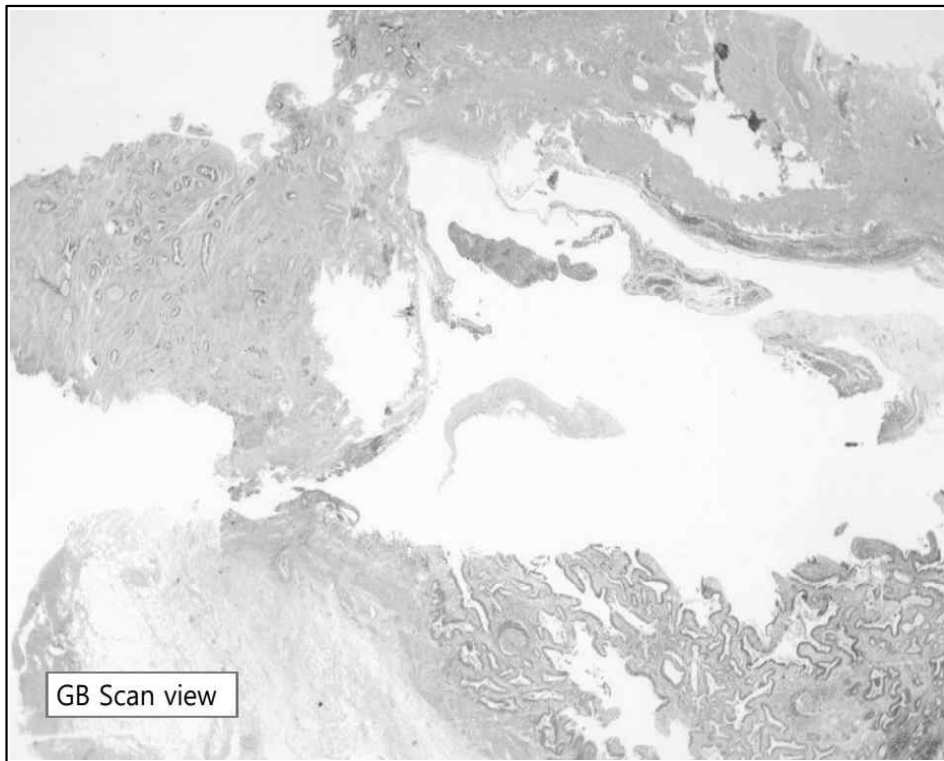
- ❖ Informed consent
on the **possibility of non-curative resection**

- ❖ Operation after **right portal vein embolization**

2014-08-08 Operation

- ❖ Extended right hemihepatectomy with Roux-en-Y H-J stomy





Pathology

1. Gall bladder

Adenocarcinoma, well differentiated, residual

Size of tumor : **0.8 X 0.4 X 0.2** cm

Depth of invasion

gallbladder : invasion of perimuscular connective tissue (**pT2**)

liver: no invasion

large vessels : no invasion

Surgical margin : free from carcinoma

Lymph node : 0/4 (**pN0**)

2. Extrahepatic bile duct and liver

No residual tumor