

A Case of Locally Advanced Gallbladder Cancer with Marked Response to Chemotherapy

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1. Case presentation

A 75-year-old female visited with a complaint of jaundice. She had past medical history of hypertension. Abdominal computed tomography (CT) scan at initial visit revealed approximately 2.5 cm sized poorly enhanced polypoid mass at fundus of gallbladder (GB) with enlargement of portocaval and paraaortic lymph node (LN) and dilatation of common and intra-hepatic duct.

2. Diagnosis

Pathologic evaluation of tissue acquired by endoscopic ultrasound with fine needle aspiration of LN showed adenocarcinoma confirming diagnosis of GB cancer with lymph node metastasis.

3. Therapy and Clinical course

Endoscopic retrograde cholangiopancreatography showed focal stricture at mid common bile duct and internal endoscopic biliary drainage was performed with plastic stent. She underwent chemotherapy (CTX) with gemcitabine and cisplatin for 8 cycles. Abdominal CT after the 3rd cycle of CTX showed partial response of GB mass and complete response of LNs. Following 8th cycle of CTX, PET-CT showed focal FDG uptake at fundus of GB without other abnormalities. Currently surgical resection is being planned for further treatment of GB cancer.

4. Conclusion

We report a case of locally advanced GB cancer with lymph node metastasis which showed marked response to chemotherapy with gemcitabine and cisplatin.

Key Words: Gallbladder cancer, Chemotherapy

REFERENCES

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2. Creasy JM, Goldman DA, Dudeja V, et al. Systemic Chemotherapy Combined with Resection for Locally Advanced Gallbladder Carcinoma: Surgical and Survival Outcomes. *J Am Coll Surg* 2017;224:906-916.
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- 75 / Female

- Chief complaint
 - Jaundice for 4 days

- Present illness
 - Visited local medical center for evaluation of jaundice
 - Transferred to our hospital due to gallbladder (GB) mass found at Abdominal CT

- Past medical history
 - Hypertension – diagnosed 20 years ago
 - s/p appendectomy d/t appendicitis, 30 years ago

- Social history
 - Smoking : never smoked
 - Alcohol : social drinker

- Family history of cancer
 - None

- Height : 161 cm, Weight : 66 Kg

- Body mass index : 25.5

- Vital signs
 - Blood pressure : 130 / 80 mmHg
 - Body temperature : 36.5 °C
 - Pulse rate : 66 per min
 - Respiration rate : 20 per min

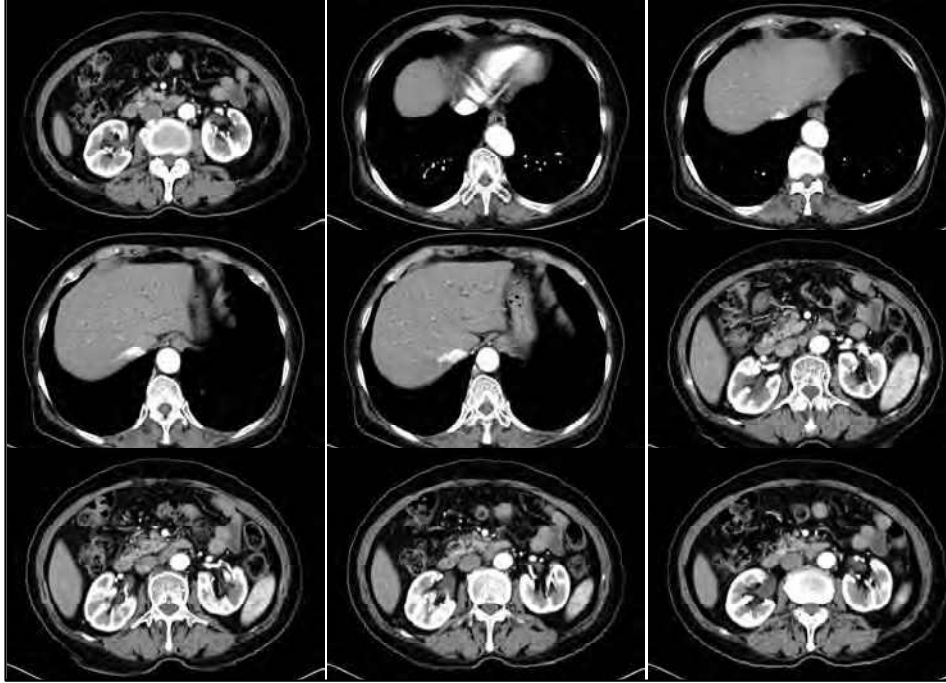
Laboratory findings

WBC	Hemoglobin	Platelet	CRP
5,170	12.6	162,000	0.229

T-bil	D-bil	AST	ALT	ALP	GGT	LDH	BUN	CRE
9.94	6.54	422	609	345	386	737	11	0.94

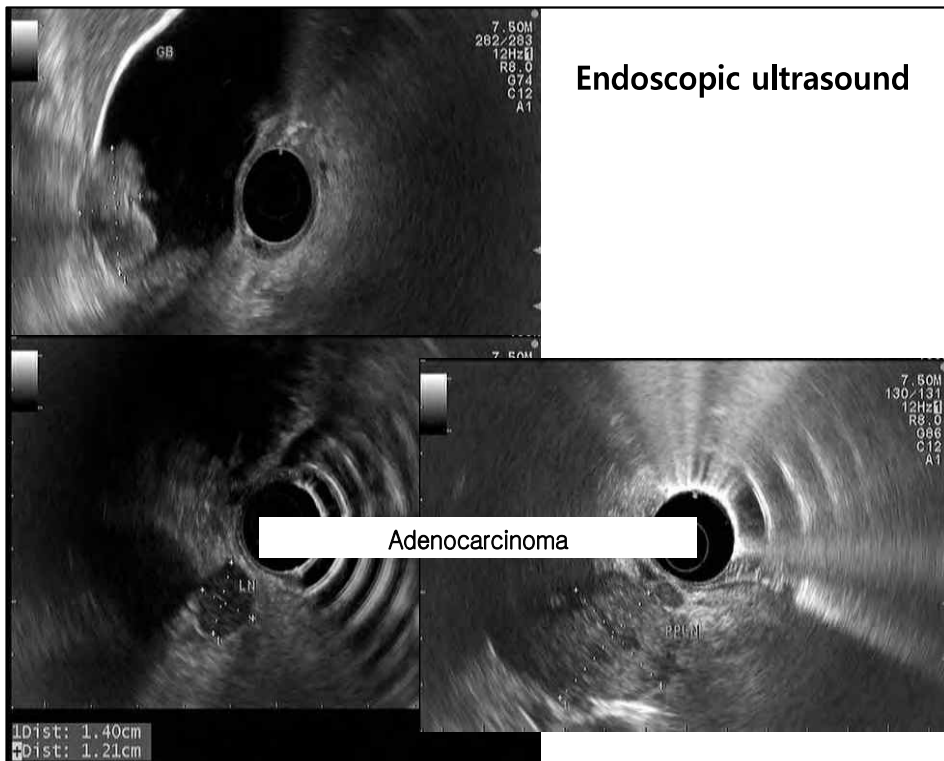
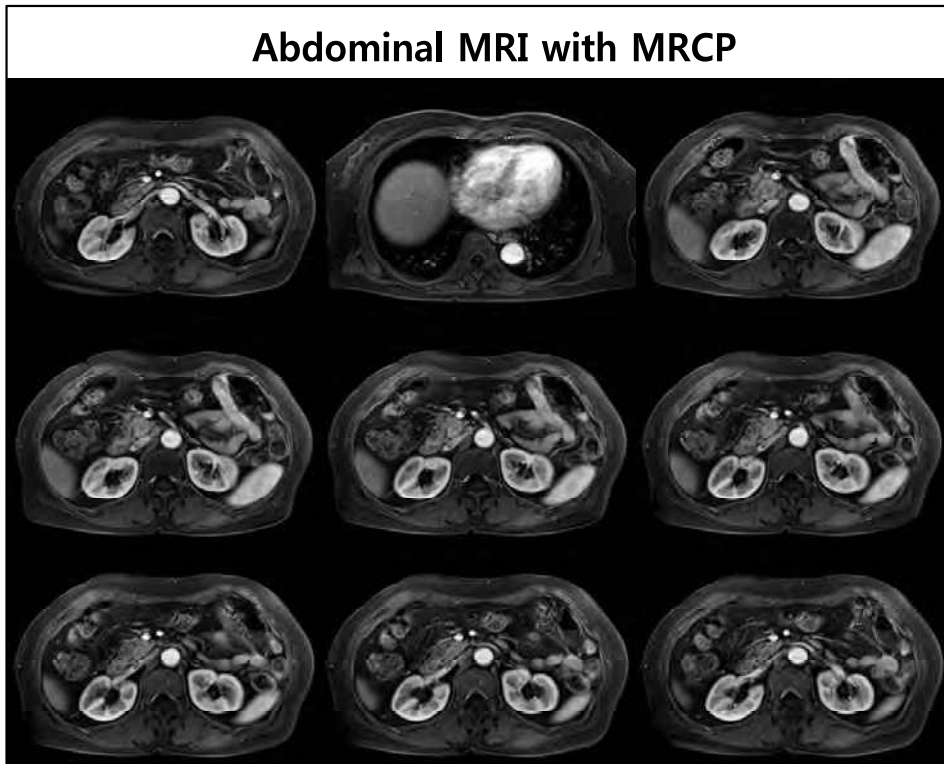
Tumor markers	
CA19-9	CEA
442	109.37

Abdominal CT at initial visit



Abdominal MRI with MRCP



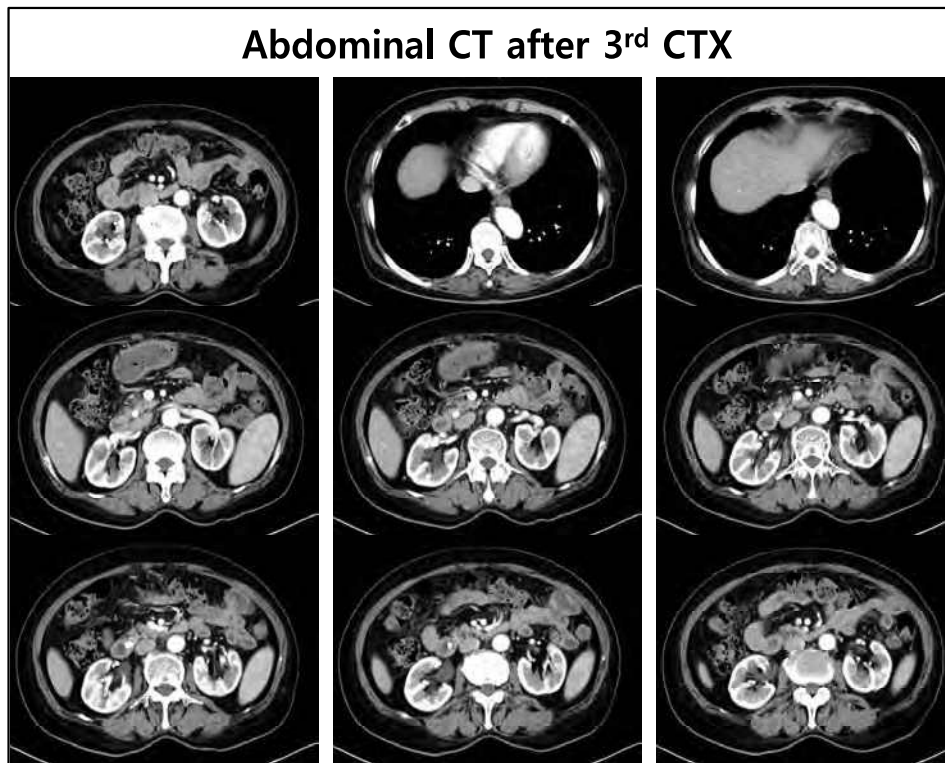


ERCP

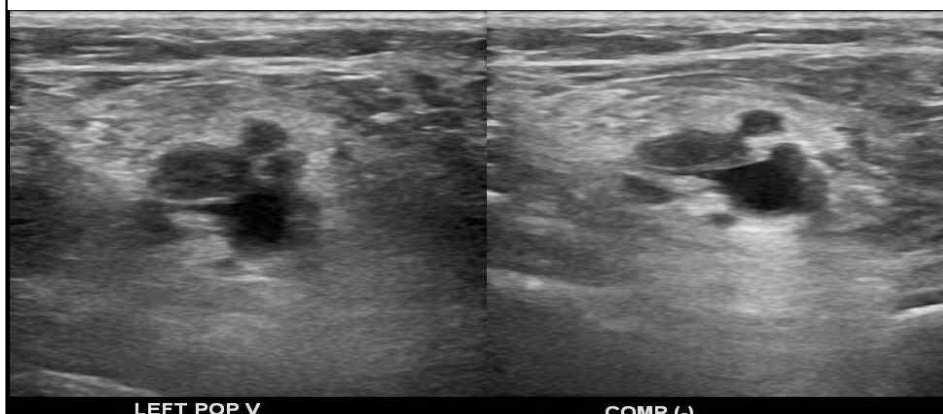


Chemotherapy

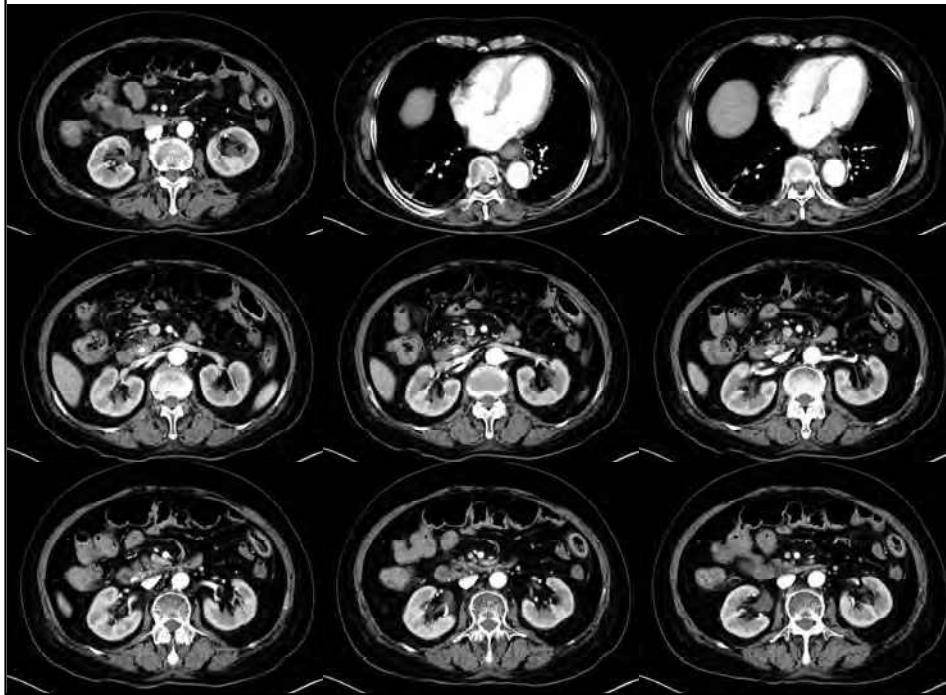
- Gemcitabine 1,000 mg/m²
- Cisplatin 25 mg/m²
- Day 1 and 8
- Repeat every 3 weeks



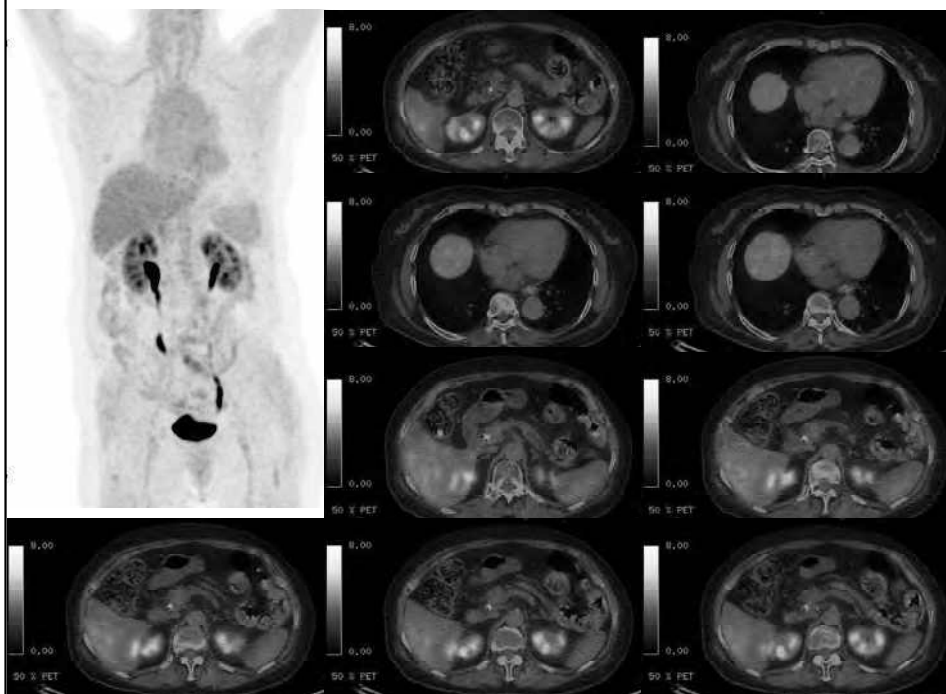
- C/C left lower leg edema
 - Vein thrombosis of
 - Left femoro-popliteal vein
 - Both tibial and soleal vein
 - Treatment
 - : Rivaroxaban

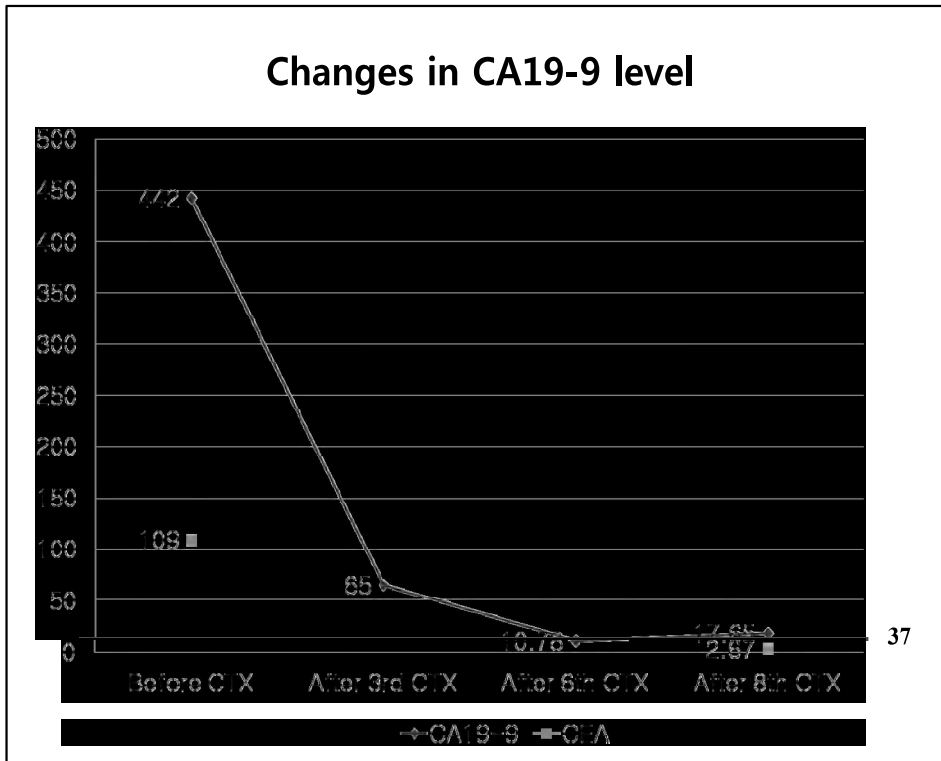


Abdominal CT after 8th CTX



PET CT





WBC	ANC	Hb	Plt
250	70	7.5	15K

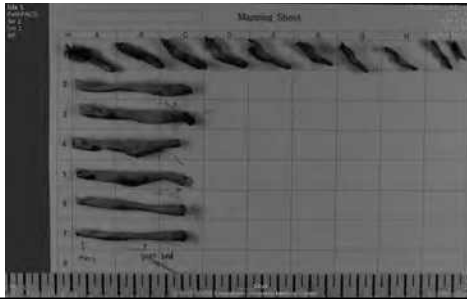
- Fever, 9 days after the end of 8th CTX
- Improved after conservative treatments

Surgery

- Radical cholecystectomy
with bile duct resection and
hepatico-jejunostomy



- Adenocarcinoma, poorly diff.
T3 N0 M0 AJCC stage IIIA
Histologic grade G3



Conclusion

- This is a case of locally advanced gallbladder cancer with lymph node metastasis which showed marked response to chemotherapy with gemcitabine and cisplatin and underwent radical cholecystectomy.