Mode of Presentation of Carcinoma Gallbladder

A MOEEN S H GONDAL K M CHEEMA
Department of Surgery, Services Hospital, Lahore
Correspondence to Dr. Amna Moeen

A prospective study 2 years duration is presented, in which 30 cases of proven carcinoma gallbladder are analyzed to study various modes of presentation. The most common symptom is pain (88.8%) followed by jaundice (36%), mass (66%), clay stools (55.5%), dyspepsia (51.8%), vomiting (37%), fever (25.9%) and abdominal distention (25.9%). It is concluded that CA gallbladder presents at a stage where any surgical procedure cannot be helpful.
Key words: Carcinoma, gallbladder.

Carcinoma gallbladder is a highly lethal disease[1] as evidenced by five years survival rate of 0.1%[2]. Seventy four percent cases of carcinoma gallbladder are detected at an advanced stge[3], because of absence of specific symptoms and signs of the disease[4]. The incidence is higher in female population of India and Chile as compared to the rest of the world[5]. The patients with gallbladder stones have seven times higher risk[6] and larger the size of the stones greater the risk of carcinoma gallbladder would be[7]. The purpose of this work was to study the different modes of presentation of carcinoma gallbladder in our set up that might lead us to diagnose the disease at an early stage.

Methods and patients

The prospective study was conducted at a teaching hospital in Lahore from January 2001 to February 2003. Only patients subjected to cholecystectomy were included into the study. The modes of presentation, ultrasonography reports, per operative findings, outcome of the procedure and hsitopathological reports were recorded and results of proven cases of carcinoma gallbladder were compiled and analyzed at completion of two year study time.

Results

Thirty patients 25(75%) females and 5(25%) males, confirmed histologically were included into the study. Female to male ratio remained 5:1 while the age ranged from 25 to 75 years, with a mean of 43. The most common symptom was pain in the right hypochondrium (88.8%) and most common sign was palpable mass in right hypochondrium associated with vomiting (66.6%). Jaundice was noted in 36% of cases. A change in stool colour was observed in 55.5% of patients while 52.8% complained of dyspepsia. Fever and abdominal distension (25.9% each) and malena (22.2%) were other symptoms that were noted. In 11.1% patients there was a history of previous surgery.

Discussion

The overall incidence of the disease in our study is 4.2%. Misra et al in 1997 depicted a figure of 10.1%[8] at Bombay and the same was results of Gondal et al in 2000 at Lahore suggesting a higher incidence of disease in subcontinent but the figures by other workers as Akhter et al in Multan[9] in 1993 (5.8%). Ahad et al in Lahore in 1993 (6%) and Rashid et al 1993 at Rawalpindi (6.1%) are relatively comparable with this study. In western studies the incidence ranges from 0.3% to 2.4% suggesting earlier presentation of cases[10,11,12]. The age ranges from 25 to 75 years with a mean of 43 years in our series, which is comparable with a study by Hassan et al in 1978 in which they mentioned a mean of 45.4. The mean age in other national studies are variable. It is 55 years by Ahad et al in 1973 and 50 years noted by Razzaq et al in 1995. In western studies the figures are higher ranging from 65.2 to 72 years[13,14]. The youngest patient in the literature is a girl of 11 years by Rudolph et al in 1972[15].

The female to male ratio in our study remained 5:1 which is closely comparable with national and international studies, that vary from 2.1[16] to 4.1[7].

The most common symptom in this series is pain (88.8%) that is comparable with a study by Gondal et al in 2000[1], in which they mentioned a figure of 88% in their series of 105 cases Razzaq and Laghari[6] and Naeem[7] depicted a figure of 90%. Whereas in other studies, the values range from 52% to 93%[2]. The low incidence of pain in studies by Piehler[17] (52%) could be a reflection of early presentation of the cases in the west.

We noted a mass in right hypochondrium in 66.6% of cases that is comparable with the local study. In other studies the values are variable 60% - 70%[7,8].

The incidence of associated gallstones in our series is 66.6%. This incidence is more comparable with western studies that range from 70-90%[10,13] whereas it is higher in local studies (73-90%)[1,3,5,7]. The figure of 45 percent is quoted by Parkash et al[16].

The incidence of jaundice is 36% in our study, which is comparable with the study of Gondal et al[1]. While it is 30%depicted by Piehler et al[17] and Nervi et al noted a very high figure of 57.7%[18]. The incidence of modes of presentation like clay stools, (55.5%) pruritis (66%), dyspepsia (52.8%) and vomiting (37%) in our study is comparable with the national and international literature.

References

1. SH Gondal, Naseeb Ullah, Riaz Shahbaz. Carcinoma gallbladder an incidence study. Pak PGMJ Vol.11 (4): 2000.

2. Pandy M, Khatri AK, Shkla VK. Eruthrocitic membrane fatty acids profile in patients with carcinoma gallbladder. J Surgery Onc 1995; 59(1): 31-4.
3. Ahad A. Ch. Ca Gallbladder PJMR 1993; 32(3): 208-210.
4. Rashid A, Hasan H. carcinoma gallbladder. A study of 73 cases P J Path 1993; (4):53-55.
5. Hasan TJ, Zubari SJ. Carcinoma gallbladder. PJMS March 1978; 33-34.
6. Razaq S, Laghari MH. Carcinoma gallbladder PJMS 1996; 12(4): 299-303.
7. Naeem ZQ. Carcinoma gallbladder PJS 1990; 1:5355.
8. Misra NC Chuturverdi, A Ahmed. Epidemiology, etiology and chemotherapy for carcinoma gallbladder, Cancer 1995;39:1425-2425.
9. Akhtar AT. Jaffery incidence of gallstone specialist 1993; 9(3): 213-218.
10. Donaldson LA, Busultil A. Review of 68 carcinoma gallbladder. BJS 1975; (62): 26-32.
11. Diehl A. Gall stone size and risk of gallbladder cancer. JAMA 1983; 250: 2323-2326.
12. Nagomey D, McPherson GAD. Carcinoma gallbladder and extrahepatic biliary tract semin. Oncon 1988; 15: 1060155.
13. Klammer TW. Carcinoma gallbladder a review of 57 cases. BJS 1971;58: 593-597.
14. Meyers WC, Jones RS. Malignant tumorous of GB Textbook of liver and biliary surgery. J B Lippincot Company. Philadelphia.
15. Rudolph R, Colen JJ. Carcinoma gallbladder in 11 years old girl. J Paed S 1972; 7: 66-67.
16. Parkash AT, Sharma Pandit, Primary Carcinoma gallbladder. BJS 1975; 62-63.
17. Piehler JM, Suzuki M. Do recent advance in diagnosis and operative management improve the outline of carcinoma gallbladder.. Surg 1976; 41: 657.
18. Nervi F, Moran TJ, Kays. Carcinoma gallbladder staging, treatment and prognosis. Chile J Surg 1976; 14: 657-660.