Rare Types Of Gall Bladder Carcinoma (GBC) - A Report Of 12 Cases

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BACKGROUND
- Most common (99%) GB tumors are adenocarcinoma (adenoCa)
- Rest include uncommon variants like mucinous, squamous, adenosquamous Ca and other
  rare types like intracholecystic papillary tubular neoplasm (ICPTN), signet ring cell, sarcomatoid, neuroendocrine and lymphoepithelioma like carcinomas
- These show aggressive behavior and poor prognosis

OBJECTIVES
To study the prevalence and pathology of these lesions

METHODS
- A 5 years retrospective analysis (January 2011-December 2015)
- Retrieval of clinical, radiological and laboratory findings from medical records
- Reviewing of gross and microscopy (H & E, and IHC wherever available)

RESULT

<table>
<thead>
<tr>
<th>Case No.</th>
<th>Case 1</th>
<th>Case 2</th>
<th>Case 3</th>
<th>Case 4</th>
<th>Case 5</th>
<th>Case 6</th>
<th>Case 7</th>
<th>Case 8</th>
<th>Case 9</th>
<th>Case 10</th>
<th>Case 11</th>
<th>Case 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (yrs)</td>
<td>35</td>
<td>65</td>
<td>35</td>
<td>52</td>
<td>59</td>
<td>60</td>
<td>43</td>
<td>40</td>
<td>40</td>
<td>46</td>
<td>30</td>
<td>55</td>
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<tr>
<td>Sex</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>M</td>
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<td>F</td>
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</tr>
<tr>
<td>Associated History</td>
<td>--</td>
<td>DM, HTN</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>HTN, tobacco churer</td>
<td>Uterine prolapse, HTN</td>
<td>--</td>
<td>Obstructive Jaundice</td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td>GB mass</td>
<td>GB mass</td>
<td>Wall thickening</td>
<td>Wall thickening</td>
<td>Choledolithiasis</td>
<td>Choledolithiasis</td>
<td>GB mass</td>
<td>GB mass</td>
<td>Mass, Choledolithiasis</td>
<td>Wall thickening</td>
<td>GB mass</td>
<td>GB mass</td>
</tr>
<tr>
<td>F/U (mths)</td>
<td>Alive(5m)</td>
<td>Alive(6m)</td>
<td>Alive(2m)</td>
<td>Alive(9m)</td>
<td>NA</td>
<td>NA</td>
<td>Died</td>
<td>Alive(5m)</td>
<td>Alive(12m)</td>
<td>NA</td>
<td>Died</td>
<td>Died</td>
</tr>
<tr>
<td>H/P :sis</td>
<td>ICPTN</td>
<td>ICPTN</td>
<td>ICPTN</td>
<td>Adenosq Ca</td>
<td>Adenosq Ca</td>
<td>SCC</td>
<td>SCC</td>
<td>Signet ring Ca</td>
<td>NEC</td>
<td>adenoCa (exagg Inflammation)</td>
<td>Sarcomatoid Ca</td>
<td>Mucinous adenoCa</td>
</tr>
</tbody>
</table>

Most common symptom: Pain in abdomen (in all cases) Lab Inv: Serum Alkaline phosphate available in 4 cases ↑↑ (200-1026 IU/L) Sx: Radical (7), simple(3), lap(1), biopsy(1)

DISCUSSION & CONCLUSION

- ICPTN: Intramucosal, preinvasive, mass forming, exophytic papillary/polyoid lesion (>1cm), classified as separate entities (adenoma & ICPN) by WHO 2010
- Adenosquamous & SCC: 25-99% squamous differentiation (adenosquamous), 100% (squamous), <25% (adenoma with focal squamous change)
- Mucinous adenocarcinoma: 2% of all GBC, glistening, >50% stromal mucin
- Signet ring carcinoma: Glistening infiltrative submucosal growth, similar to limits plastica, signet ring cells (even focal, single or clusters)
- Neuroendocrine Carcinoma: Incidence 2%, yellow nodular/polyoid/pal, gall stones seen in <1% cases
- Sarcomatoid Carcinoma: Very rare. Epithelial & sarcomatoid components appear distinct with cytokeratin positivity in both components
- AdenoCa with exaggerated inflammatory response: Can mimic lymphoepithelioma like adenoCa, but shows gland formation in our study;
  - Age range (30-60 yrs), 7/12 cases relatively younger (58%), female predominance (F:M 5:1)
  - Two young cases with associated HTN & paraneoplastic etiology
  - Case of NEC with history of tobacco chewing
  - < 5 years survival seen in SCC, sarcomatoid Ca and mucinous adenoCa
- Recommendation: They present at a later stage, have diagnostic difficulties with poor prognosis.
- Hence study of specific risk factors, along with accurate histopathological diagnosis may help in defining exact management to improve the outcome.

REFERENCES