Frequency of gall bladder carcinoma in cholecystectomies performed for symptomatic cholelithiasis

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Madam, we looked for the frequency of carcinoma gall bladder in patients presenting with symptomatic cholelithiasis. Carcinoma of the gallbladder is a rare malignancy with a 5-year survival rate of 5%. It is the most common biliary tract malignancy, and is also the 5th most common in gastrointestinal malignancies.1 In Pakistan the frequency of carcinoma gallbladder among patients having symptomatic cholelithiasis is 6 to 28%.2 Patients with symptomatic gall stones had more risk of developing carcinoma gallbladder as compared to those with asymptomatic gall stones. Large stones in cholelithiasis are more dangerous than small stones. As stone size reaches >3cm the risk increases by 10 folds. Gallbladder polyps >10mm, calcified (porcelain) gallbladder, choledochal cyst, sclerosing cholangitis, anomalous pancreaticobiliary junctions and exposure to carcinogens are other risk factors.3

We conducted a cross sectional study in the East Surgical Ward of Mayo Hospital Lahore, from August 2017 to December 2018. The sample size was calculated keeping margin of error at 7% and confidence level of 95% giving a figure of 195 cases. Non probability consecutive sampling technique was used. All patients of either gender with ages between 14 to 70 years presenting with symptomatic gallstone disease in the outpatient department and emergency were included. Patients with diagnosed gallbladder malignancy, gallbladder mass, empyema gallbladder and gallstones associated with obstructive jaundice were excluded.

The ages of the patients ranged between 14 to 70 years (mean 44.24±1.23 years). There were 154 (78.9%) females and 41(21%) males. Of the cases presenting with symptomatic gallstones, 3(1.54%) were diagnosed with adenocarcinoma on histopathology. Female to male ratio was 2:1 with frequency of 0.51% in males and 1.02% in females. The commonly affected age was 40 to 60 years (Table).

In this study, the frequency of carcinoma gallbladder in cholecystectomies secondary to symptomatic cholelithiasis was 1.54%. Internationally the frequency of incidental carcinoma gall bladder varies world wide ranging from 0.3 to 3%. Some studies have shown figures of 6 to 11%.4 Stones are established risk factors for inflammation and carcinoma of gallbladder. Studies have proved that risk of malignancy rises with increase in stone size. Symptoms of cholelithiasis and carcinoma gallbladder are same in initial stages until advance malignancy which represent as malnutrition, weight loss, palpable mass and metastasis. Early diagnosis of gallbladder malignancy is difficult. However prognosis can be good if it is diagnosed at early stages5.

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References