# Incidentally discovered gallbladder cancer - Case report

# INTRODUCTION

- Gallbladder cancer (GBC) is the fifth most common cancer of the gastrointestinal tract and the most common cancer of the biliary tract.
- The strongest risk factor of gallbladder cancer is a history of cholelithiasis, and the risk increases with gallstone size, chronicity, and burden of symptoms.
- The current hypothesis establishes that chronic inflammation of the bile duct tissue accumulates successive genomic mutations that lead to malignant transformation.

### **CLINICAL CASE**

- We report a case of a 54-year-old woman with a BMI of 48 and asymptomatic cholelithiasis, submitted to Roux-en-Y laparoscopic gastric bypass and cholecystectomy.
- The gallbladder's histology revealed chronic cholecystitis with gallstones and intraepithelial malignant foci with carcinoma in situ (FIG. 1 and 2). The cystic duct didn't have lesions, there was no vascular or neural invasion, and the surgical margins were free.

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- of all GBC.
- cholecystectomy alone.

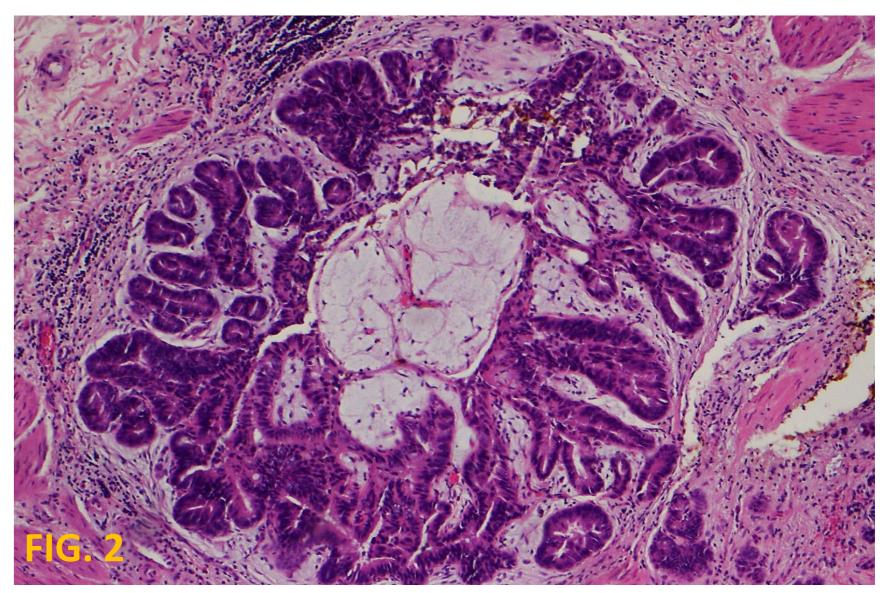


FIG. 1 – High-grade dysplasia on hematoxylin eosin FIG. 2 – Gallbladder carcinoma in situ on hematoxylin eosin

# DISCUSSION

Incidentally discovered gallbladder cancer (IGBC) is defined as the gallbladder cancer diagnosed during or after the cholecystectomy done for unsuspected benign gallbladder disease. **Obesity** has been independently associated with gallbladder cancer, being the risk of GBC **1.6 times higher** in people with obesity.

Majority of GBC patients have associated gallstones. With the advent of ultrasonography, more patients are being diagnosed with gallstones and are being subjected to cholecystectomy.

**IGBC is found in 0.2–2.9 % of all cholecystectomies done for gallstone disease.** It represents 27–41 %

Patients with IGBC having Tis and T1a stage, with negative cystic duct margin can be treated by simple