

AN ATYPICAL, SILENT SPREAD OF GALLBLADDER CANCER

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SCAN ME

Background

- Gallbladder cancer (GBC) is a rare, but highly fatal malignancy found incidentally on routine imaging
- GBC has a poor prognosis as it is usually metastatic at the time of diagnosis.
- Typical symptoms include right upper quadrant abdominal pain, nausea, vomiting, and weight loss, and jaundice.

Case presentation

- **Presentation:** Our patient is a 62-year-old female with diabetes, obesity, and cholelithiasis presented with left-sided abdominal pain that resolved few hours after presentation. She denied unintentional weight loss or other pertinent symptoms.
- **Significant Labs:** White blood cell count of 16.1 K/uL, Alpha-fetoprotein was 94.63, and Carcinoembryonic antigen was 13.17.
- **Imaging:** Abdominal magnetic resonance imaging (MRI) showed an irregular mass from the gallbladder fundus measuring 5.0 x 8.8 x 5.9 cm and numerous peripherally enhancing and diffusion restricting irregular lesions throughout the hepatic parenchyma consistent with metastatic disease (Figure 1).
- **Procedures:** Endoscopic ultrasound with fine-needle biopsy of the gallbladder mass and hepatic masses.
- **Pathology:** Gallbladder revealed poorly differentiated adenocarcinoma, and hepatic lesions showed poorly differentiated adenocarcinoma of gallbladder primary.

• **Outcome:** Incidental metastatic gallbladder cancer

Normal labs includes: Hg, platelets, total bilirubin, Alkaline phosphatase, Alanine transaminase (ALT), aspartate aminotransferase (AST) and cancer antigen 19-9.

DISCUSSION

- GBC is an aggressive malignancy that can present with severe symptoms at the time of diagnosis and is usually diagnosed at an advanced stage.
- GBC carries a poor prognosis with a five-year survival rate of less than 5% with a median survival of less than 6 months.
- **An overall asymptomatic presentation, or vague abdominal pain, in a patient with risk factors including cholelithiasis, obesity, and female gender should prompt feasible imaging, such as ultrasound, which can help identify a rare, atypical presentations of metastatic GBC.**
- Treatment is primarily surgical.

- **Patients with vague abdominal symptoms and appropriate risk factors should prompt ordering an ultrasound, which may help diagnose a rare, atypical, silent presentation of metastatic gallbladder cancer.**

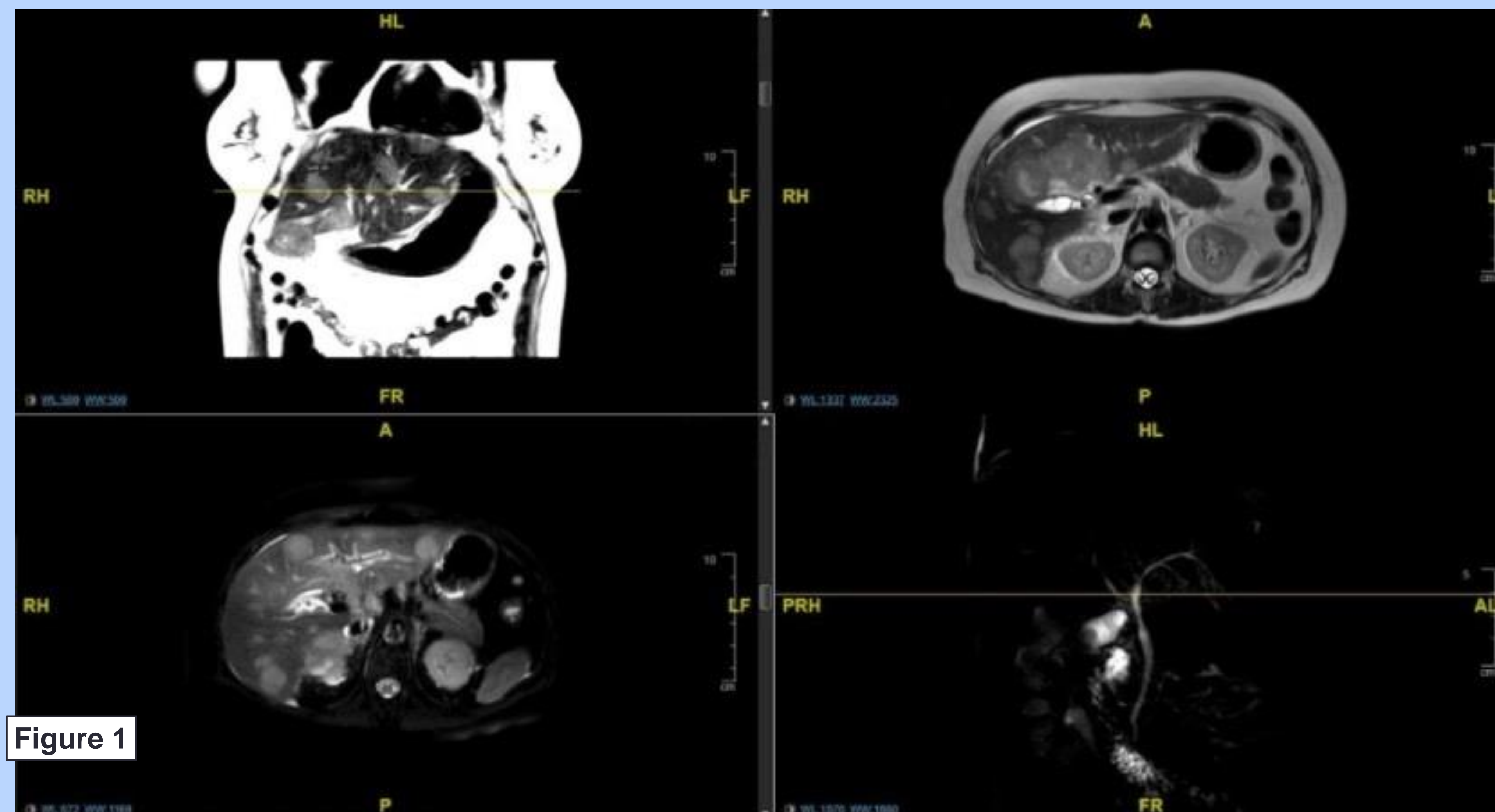


Figure 1



Figure 2

Figures

Figure 1: Abdominal MRI demonstrating an irregular mass from the gallbladder and numerous peripherally enhancing lesions throughout the liver consistent with metastasis.

Figure 2: EUS-guided fine needle biopsy of the gallbladder mass suspicious for malignancy.