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RESEARCH ARTICLE

SQUAMOUS CELL CARCINOMA OF THE GALLBLADDER: A CASE REPPORT

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Abstract

Squamous cell carcinoma of the gallbladder is a very rare tumor and is reported to account for 1.4% to 10.6% of all the malignant tumors of the gallbladder [1].The literature on this histological type has been highly limited but suggests that it has a high potential for direct extension and early invasion into the liver and neighboring organs,whic h explains the often-late diagnosis and its very bad prognosis.We are reporting a new case of squamous cell carcinoma of the gallbladder and discussing the clinical, histological and therapeutic features of this entity.

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Introduction:-

Case report

A 64-year-old women with no medical records, was admitted with 2 months history of intermittent abdominal pain, nausea, vomiting and weight loss The clinical examination found a sensitivity to deep palpation of the right upper quadrant with a positive murphy sign. Ultrasonography and computed tomography revealed an enlarged gallbladder with thickened wall and a heterogeneous endoluminal mass(5.7x5.9x5.5cm). (Figure 1) the bile ducts were normal but lymph nodes were present in the hepatic hilum.No free fluid was seen. Whole body scan was normal.(Figure2) Biologically, cholestasis was found with 394 U / L PAL and 409 U / L GGT and a normal total bilirubin level. Upon laparotomy, cholecystectomy and segmental wedge resection was performed enbloc. Lymph nodes around porta hepatis were resected. Gross morphology showed an enlarged gallbladder with adherent resected liver tissue. On opening gallbladder, it was filled by a friable yellowish-white appearance tumor measuring 7x6.5x5 cm with necrotic-hemorrhagic reshaping. The adjacent liver tissue appeared to be free. Histological examination showed a squamous cells carcinoma (Figure 3;4) ;and vascular and perineuralinvasions. immunohistochemical studywas positif for CK 45/6 antibody and P63 antibody and concluded on squamous cell carcinoma of the gallbladder; The gallbladder margins and liver resection margins were free and the tumor was classified pT2N1M0. Given the presence of nodal involvement, adjuvant chemotherapy was considered and the prognosis is expected to be poor. Immediate postoperative courses wereuneventful, but the patient presented a jaundice 4 monthsafter surgery. CT andMRI revealed liver and nodes metastasis compressing the hepatic duct bifurcation and leading to significant enlargement of the intrahepatic bile ducts. As no curative approach was possible, a percutaneous transhepatic drainage was performed;the patient died 4 months later.

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Figure 1 : abdominal Computed tomography scan revealing anenlarged gallbladder, thick-walled, and a large tumor inside.



Figure 2 : abdominal Computed tomography scan showing the gallbladder mass , chest and abdomen is metastasis free.

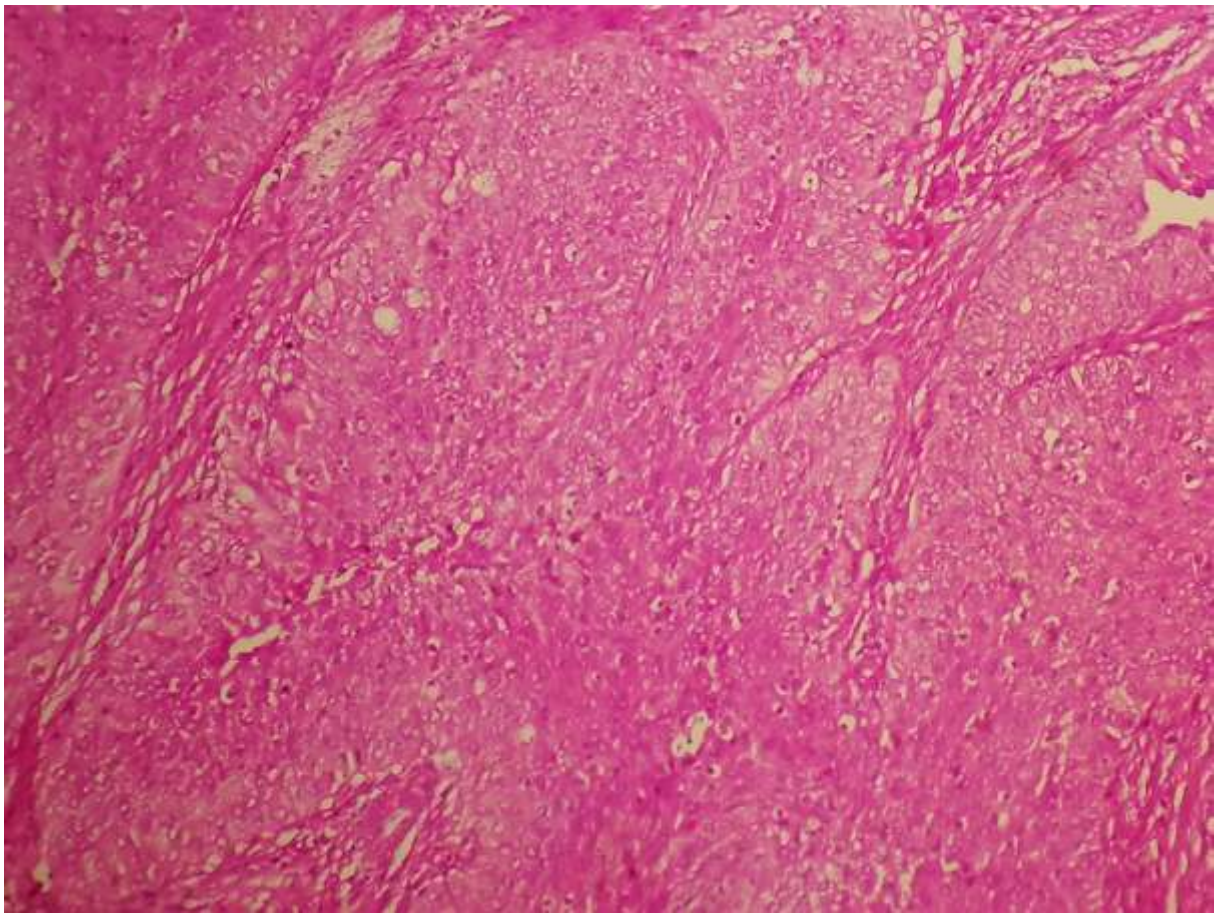


Figure 3: histological examination: reveals squamous cell carcinoma of the gallbladder.

Discussion:-

Squamous cell carcinoma of the gallbladder is anexceedinglyrare tumor and is reported to account for 1.4% to 10.6%of all the malignant tumors of the gallbladder [1]. It shares with adenocarcinoma of the gallbladder the same medical presentation as it occurs predominantly in the mid 60s females with a sex ratio of 3/1.[2] Many theories of the origin of squamous cell carcinoma have been suggested and still controversial, squamous cell carcinoma would be caused by pre-existing squamous metaplasia or a squamous metaplasia of neoplastic adenocarcinoma cells [2;3;4]. The pathogenesis of squamous cell carcinoma seems similar to the adenocarcinoma of the gallbladder;however, the association with macrolithiasis was observed in 88.88% of cases for squamous cell carcinomas against 68.2% of cases for adenocarcinomas in a study conducted by Cariatiaand al [5],Carcinogenesis of gallstone may result from iterative trauma and chronic irritation. The gallbladder in this case was stone free. the majority of squamous cell carcinomas found in the literature were discovered on cholecystectomy,the preoperative diagnosis remains exceptional, often suspected by the association of biliary colic and weight loss in elderly patients [2;6;7].

Squamous cell carcinoma of the gallbladder is very aggressive [8], typically spreading to surrounding organs and lymph nodes [9;10]. Abdominal ultrasound, CT and Ultrasound-guided Fine-needle Aspiration of the gallbladder mass can contribute significantly in confirming the diagnosis and planning appropriate management of patients with squamous cell carcinomas [11] . in our case, the diagnosis of gallbladder tumor was strongly suggested by imaging making our therapeutic approach straight away curative Due to the rarity of this lesion, exact treatment protocols and outcome data are controversial in the published literature. the most important prognostic factor that determines survival in patients with SCC of the gallbladder is achieving R0 resection. Residual disease is established as a significant independent prognostic factor for these tumors [3;12]. Prognosis of squamous cell carcinoma of the

gallbladder is poor; patients dies in few months after diagnosis; radical resection provides a similar survival advantage as achieved in adenocarcima patients [9].

Conclusion:-

In summary , squamous cell carcinoma of the gallbladder is uncommon and unknown entity ; a great need for multicentricstudies to determine the etiopathogenetic aspects of this histologictype is necessary toimprove success in the management of this rare disease.

Consent:-

Written informed consent was obtained from the patient for publication of this case report and any accompanying images. A copy of the written consent is available for review by the Editor of this journal.

Conflict of Interests:-

The authors declare that there is no conflict of interests regarding the publication of this paper.

Authors' Contributions:-

All authors participated in the care of the patient and the writing of the manuscript. All authors have read and approved the final version of the manuscript.

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