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Percutaneous cholecystostomy: an unusual route of dissemination of gallbladder carcinoma

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Dear Editor,

A 78-year-old male with high surgical risk presented severe (grade III) acute cholecystitis and required percutaneous cholecystostomy. The patient was referred two months later for assessment of the final surgical treatment. A cholangio-magnetic resonance imaging (cholangio-MRI) revealed a lesion on the gallbladder fundus and alteration of the pericholecystic fat, as well as multiple hepatic lesions suggestive of metastatic gallbladder carcinoma, which was confirmed in the histological analysis. Six months after starting systemic chemotherapy, the tumor progressed through the cholecystostomy tract, right subhepatic space, greater omentum and intestine. The tumor extended to the abdominal wall and the peritoneum (Fig. 1). The patient did not respond to second-line chemotherapy and died 12 months later.

Discussion

The gold standard treatment for severe acute cholecystitis is urgent gallbladder drainage (cholecystostomy vs cholecystectomy) (1). The incidental gallbladder carcinoma during cholecystectomy represents 2 %. This affects the evolution and

prognosis of this neoplasm (particularly in cases of intra-operative gallbladder perforation). There are very few published cases of recurrence along the cholecystostomy tract (2). In spite of these data, the role of cholecystostomy as treatment in adequately selected patients must not be overlooked. A comprehensive health history (primary sclerosing cholangitis, *Salmonella* ssp. or *Helicobacter* ssp. infection) and a correct physical examination may uncover an oncological process. The risk criteria are also useful (porcelain gallbladder, gallstones > 3 cm or high-risk gallbladder polyps) (3,4).

The treatment of locally advanced gallbladder is systemic therapies. The National Comprehensive Cancer Network (NCCN) guidelines recommend treatment with chemotherapy and radiotherapy, whereas the European Society for Medical Oncology (ESMO) (5) recommends systemic chemotherapy with radiotherapy as a second-line treatment. There are cases of successful surgical rescue after systemic treatments, but metastatic disease had always been ruled out beforehand.

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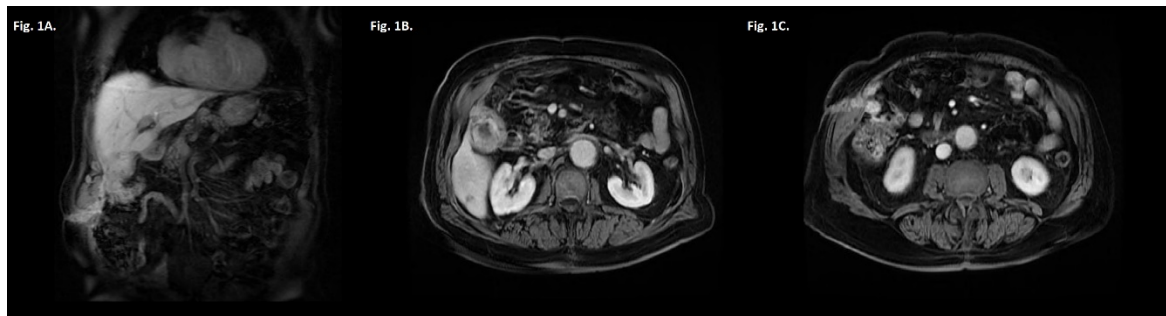


Fig. 1. Computed tomography (CT) scan of the abdomen. A. Coronal section. B. and C. Axial section. Vesicular neoplasm with tumor extension to the right subhepatic space, affecting the greater omentum and loop of intestine. The tumor extends to the oblique muscles and the skin of the abdominal wall.