

Case Report on Carcinoma Gallbladder with Severe Abdominal Pain.

Ms. Sakshi Vijay Pichkate¹, Miss. Mayuri Yelekar², Shital Telrandhe³, Bharat S. Sudame⁴,

1 GNM 3rd year, Florence Nightingale Training College of Nursing Sawangi Meghe, Wardha, Maharashtra

2 Nursing Tutor, Florence Nightingale Training College of Nursing Sawangi Meghe, Wardha, Maharashtra; Email: mayuriyelekar@gmail.com

3 Research Consultant, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences, Wardha.

4 Dept. of Electrical Engineering, Yeshwantrao Chavan College of Engineering, Nagpur. Email: bharat_sudame@rediffmail.com

Abstract

Introduction: Gallbladder cancer is a relatively uncommon cancer. India is a high incidence area for gall bladder cancer (GBC) and contributes to about 10% of the global Gall Bladder Cancer burden. Within India, the incidence is high in North, North-East, Central and Eastern India, and less common in South and West India. The incidence has been on a steady rise in both genders. The presentation is often with advanced disease and carries dismal prognosis. GBC in Gallstones are present in 80% of the Indian patients with Gall Bladder Cancer. If it is diagnosed early enough, it can be cured by removing the gallbladder, part of the liver and associated lymph nodes. Most often it is found after symptoms such as abdominal pain, jaundice and vomiting occur, and it has spread to other organs such as the liver.

Main symptoms and Clinical findings: 40 year old man admitted in AVBR. Hospital with complaint of pain in right side of abdomen and severe back pain last 10 days. The patient has been gone through the fine needle aspiration cytology in that we find out smear show of adenocarcinoma and finally diagnosed as gallbladder cancer.

Therapeutic intervention and outcome – Symptomatic treatment given and planned for surgical intervention. i.e. cholecystectomy.

Conclusions: 40yr old man admitted in A.V.A.R. Hospital with complaint of pain in right side of abdomen and severe back pain last 10 days. After all investigation patient is diagnosed as a case of ca gall bladder. Now she is going to under chemotherapy 2 cycle and cycle is completed. Now patient prognosis is better than previous and next chemotherapy is planned.

Keywords: Herpes meningoencephalitis, periventricular collaborative.

Introduction:

Gallbladder cancer is a cancer that occurs in the gallbladder.

India has a high incidence of gallbladder cancer (GBC) and accounts for around 10% of the global burden of the disease. Within India, it is most widespread in the north, northeast, central, and eastern regions, and less common in the south and west. In both genders, the rate of occurrence has been steadily increasing. The disease is usually advanced at the time of presentation, and the prognosis is poor. Gallstones with GBC are found in 80% of Indian individuals with gallbladder cancer. It can be cured if caught early enough by removing the gallbladder, a portion of the liver, and any accompanying lymph nodes. It's usually discovered after symptoms like abdominal discomfort, jaundice, and vomiting have appeared, and it's spread to other organs like the liver. Because gallbladder cancer generally has no symptoms or

indicators, it may not be identified until it is advanced. Furthermore, the gallbladder's relatively hidden location makes it simpler for gallbladder cancer to spread undetected.¹

Gallbladder samples should be taken more frequently if you have high-risk characteristics. GBC has been associated to choledochal cysts, an irregular junction of the pancreato-biliary ducts, and primary sclerosing cholangitis. In such cases, a more thorough examination of the gallbladder is required. More importantly, in cases of hyalinizing cholecystitis with minimal to no calcifications ('incomplete porcelain gallbladder'), the incidence of subtle invasive malignancy appears to be very high, and these cases should be adequately investigated.²

Gallbladder carcinoma (GBC) is a rare malignancy, but in selected areas of high incidence, such as India, Chile and Japan, it is a significant source of mortality. Because of its low incidence in most Western countries, GBC has been understudied, leading to variation in approaches to the initial pathologic evaluation, classification and staging of the disease.³

Given that most cases of GBC are clinically unapparent on gross evaluation, this implies that GBC may go undiagnosed in several thousand cholecystectomies per .⁴

High risk characteristics point to the need for more frequent gallbladder sample. Choledochal cysts, an abnormal junction of the pancreatobiliary ducts, and primary sclerosing cholangitis have all been linked to GBC. A more comprehensive examination of the gallbladder is required in such circumstances. More importantly, the incidence of subtle invasive carcinoma appears to be very high in cases of hyalinizing cholecystitis with minimal to no calcifications ('incomplete porcelain gallbladder'), and these cases should be thoroughly examined.⁵

Risk factors must be identified in order to gain insight into the pathogenetic mechanisms that cause geographic and ethnic variation, as well as to develop prevention and treatment measures. Gallbladder cancer is more common as people get older. Gender disparities revealed a clear preference for women over men all throughout the world. Women are 2-6 times more likely than men to be impacted.⁶

Gallstones are a significant risk factor for gallbladder cancer, as they are found in the majority of patients (85 percent). In a population with gallstones, the risk of gallbladder cancer ranges from 0.3 percent to 3% .

This link between cholelithiasis and gallbladder cancer explains why female gender, multiparity, and body mass indices (risk factors for cholesterol gallstone development) are linked to a higher risk of gallbladder cancer. Larger stones have a higher risk of gallbladder cancer because of the longer duration and intensity of mucosal irritation, which causes chronic inflammation.⁷

Patient Information: A 40 year old man admitted in A.V. B .R. Hospital with complaint of pain in right side of abdomen and severe back pain last 10 days. Weight loss was observed in patient. The patient have been gone through the fine needle aspiration cytology in that we find out smear show of adenocarcinoma. The patient does not have any past medical history about communicable diseases and non-communicable diseases like hypertension, diabetes mellitus, tuberculosis, hepatitis, acquired immunodeficiency syndrome The patient does not have any significant surgical history in the past; presently the patient did the symptomatic treatment. The patient belongs to a nuclear family only four family members in the family no one having any communicable or non-communicable diseases except the patient. The patient and her family member do not have any abnormal genetic disorder or not genetic predisposing genetic history. The patient is farmer, and he is leaving in a rural area of the Amravati district.

Patient Primary Worries and Symptoms: A 40yr old man admitted in A.V.B.R. Hospital with complaint of pain in right side of abdomen and sever back pain last 10 days.

Physical, Medical and Psychological History: Physical examination was done before surgery

The Patient general appearance was not good, he was undernourished, The patient was inactive and dull in nature, patient unable to maintain personal hygiene and personal grooming, Patient mental status is normal, but slight behavior changes occur due to the hospitalization disease condition and diagnostic procedure. Patient height is 147cm, weight 65 kg, Patient vital sign is normal. That is temperature 102⁰F, pulse: 74 beats/minute, respiration: 22 breath/minute, blood pressure 140/80mmhg.

Diagnostic assessment

Computed tomography: Computed tomography images similarly revealed a thick-walled gallbladder containing multiple stone.

Ultrasonography: Ultrasonography images revelated many small stone and sludge in the gallbladder.

Medical management

Chemotherapy-: Eg. Gemcitabine, 5-fluorouracil, Symptomatic and Palliative treatment given ,

Surgical management-: cholecystectomy is advised to the patient .

Clinical finding:

On clinical finding examination Patient all routine investigations is normal except few like Hemoglobine (Hb) 12g/dl Bilirubin is Decreased that is 0.85mg%, The patient underwent ultrasonography (USG) and computed tomography (CT) with and without contrast, for screening. The Us images revelated many small stone and sludge in the gallbladder. CT images similarly revealed a thick-walled gallbladder containing multiple stone.

Timeline: The patient was in ca gallbladder with k/c/o right abdomen pain and severe back pain since 10 days. Previously patient was admitted for abdominal pain.

CURRENT INFORMATION FROM THIS EPISODE OF CARE: Analgesics and chemotherapeutic drugs are prescribed.

Diagnostic Evaluation: PE, Laboratory testing, Laparoscopy, Ultrasound, Endoscopic ,urine rest were done

No diagnostic Challenges were faced.

Diagnosis: Cancer of Gallbladder

THERAPEUTIC INTERVENTION:

In the present case in a study, he received Gemcitabine, 5-fluorouracil, Symptomatic and Palliative treatment given.

Changes in therapeutic intervention

No challenges were report when it comes to therapeutic intervention

Follow-up and Results: at the time of data collection patient was admitted in the ward and above treatment is continue for the patient. The outcome of the chemotherapy was not good. So doctors advised for surgical intervention

Despite all care patient progress is not good, patient advice to take bed rest .Take medication daily as doses. Avoid lying heavy weight objects. Take sleep at least 6-8hours.

Important diagnostic and other test results to follow up on: To avoid lifting heavyweight, to prevent constipation and controlled coughing Strictly avoid traveling and heavy work. Adherence to the intervention and tolerability.

Discussion: Gallbladder cancer (GBC) is a rare, highly-lethal malignant neoplasm of the biliary system. GBC is the most common type of biliary tract malignancy affecting the gallbladder; a sac-like organ located beneath the liver that is responsible for storage of bile produced in the liver. The gallbladder contracts in response to gastrointestinal hormones produced upon entry of food into the small intestine, depositing the bile into the duodenum where it acts to aid digestion, particularly of fats. Though generally uncommon, gallbladder cancer is more frequent in some distinct geographical locations. Accurate worldwide incidences of gallbladder cancer are difficult to obtain due to difficulties in the detection and diagnosis of gallbladder cancer, particularly in low resource settings where specialized abdominal imaging is not available.

Cancer of the gallbladder is uncommon and mostly occurs in later life. When cancer occurs, it is mostly of the glands lining the surface of the gallbladder (adenocarcinoma). Gallstones are thought to be linked to the formation of cancer. Other risk factors include large (>1 cm) gallbladder polyps and having a highly calcified "porcelain" gallbladder. Cancer of the gallbladder may also be found incidentally after surgical removal of the gallbladder, with 1–3% of cancers identified in this way.⁸

Gallbladder polyps are mostly benign growths or lesions resembling growths that form in the gallbladder wall, and are only associated with cancer when they are larger in size (>1 cm). Cholesterol polyps, often associated with cholesterosis ("strawberry gallbladder", a change in the gallbladder wall due to excess cholesterol), often cause no symptoms and are thus often detected in this way⁹. Studies on different abdominal lesions¹⁰⁻¹³ and carcinoma¹⁴⁻¹⁵ were reviewed.

Conclusion:

The patient have been gone through the fine needle aspiration cytology in that we find out smear show of adenocarcinoma. To improve the prognosis for patient with Ca gallbladder,

Chemotherapy, antimicrobial therapy treatment, anti-inflammatory agents, empirical therapy and symptomatic drug should be initiated. A cholecystectomy is a procedure in which the gallbladder is removed. It may be removed because of recurrent gallstones and is considered an elective procedure. A cholecystectomy may be an open procedure, or one conducted by laparoscopy. In the surgery, the gallbladder is removed from the neck to the fundus. The patient prognosis is poor but suggested regular follow up to physician. GBC is the most aggressive of biliary tract cancers with the shortest median survival period. Available treatment options vary significantly across regions with high prevalence of gallbladder cancer, resulting in varying patient outcomes by region. Despite treatment in the most medically advanced regions, gallbladder malignancies are highly lethal.

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