AMSER Case of the Month: November 2019

67 y/o F with two months of RUQ pain and associated weight loss

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Patient Presentation

- HPI: 67 y/o F with two months of RUQ pain radiating to the right flank. Pain is intermittent and can last up to five hours. Associated with nausea. Patient also reports unintentional 7lb weight loss.
- PMH: N/A
- PSH: Hysterectomy, Appendectomy
- Social: Former smoker
- PE: Non-focal abdominal exam without organomegaly
Pertinent Labs

- AST: 23
- ALT: 92
- Alk Phos: 169
- Total Bili: 0.5
- CBC: WNL
What Imaging Should We Order?
### Select the applicable ACR Appropriateness Criteria

**Variant 1:** Right upper quadrant pain. Suspected biliary disease. Initial imaging.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness Category</th>
<th>Relative Radiation Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>US abdomen</td>
<td>Usually Appropriate</td>
<td>O</td>
</tr>
<tr>
<td>CT abdomen with IV contrast</td>
<td>May Be Appropriate</td>
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<tr>
<td>MRI abdomen without and with IV contrast with MRCP</td>
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This imaging modality was ordered by OSH.
Findings (unlabeled)
Findings: Mass in gallbladder
Select the applicable ACR Appropriateness Criteria

**Variant 2:** Right upper quadrant pain. No fever or high white blood cell (WBC) count. Suspected biliary disease. Negative or equivocal ultrasound.

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These imaging modalities were ordered by the physician
Findings (unlabeled)
Findings (labeled)

Mass in gallbladder

Mass in gallbladder
Findings (unlabeled)
Findings (labeled)

Mass in gallbladder
Final Dx:

Adenocarcinoma of the gallbladder
Case Discussion

• Adenocarcinoma of gallbladder
  • Rare but fatal malignancy of gallbladder.
  • Annual incidence: 5000 cases in United States.
  • Risk Factors:
    • History of cholelithiasis
    • Porcelain gallbladder
    • Chronic infection (Salmonella, H. Pylori)
    • Obesity
    • Primary sclerosing cholangitis
    • Gallbladder Polyps
Case Discussion

• Treatment
  • Laparoscopic cholecystectomy is most common way to treat
  • Most patients require an extended cholecystectomy with additional removal of:
    • Adjacent liver tissue
    • Lymph nodes in the surrounding region

• Prognosis
  • Overall 5 year survival: <5%
  • Early stage 5 year survival: 75%
Case Discussion

• Our patient underwent an extended cholecystectomy including portal lymph node dissection and segmental resection of liver.
  • Surgeon was able to remove the tumor in the fundus of the gallbladder in its entirety.

• Pathology showed the tumor had not extended beyond lamina propria and no tumor cells were found in lymph nodes or in liver.
References:


• Goetze TO. Gallbladder carcinoma: Prognostic factors and therapeutic options. World J Gastroenterol. 2015;21(43):12211–12217