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[Hepatobiliary Cancer](#)

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**Ruptured Adenosquamous Cell Carcinoma of the Gallbladder**

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**Case:** A 74-year-old woman presented with progressive right upper quadrant (RUQ) abdominal pain for 1 week. She reported a 5-lb weight loss over the last few weeks associated with anorexia. She denied any nausea, vomiting, dysphagia, odynophagia, or alterations in bowel habits, and has no history of fever or jaundice. Past medical history was significant for hypertension, cholelithiasis and polymyalgia rheumatica. She denied smoking, alcohol, or illicit drug use. Her mother died from complications of breast cancer at age 38. Pertinent physical examination included fever and hepatomegaly with RUQ tenderness. Labs showed marked leukocytosis (23,800). LFTs were normal. CT scan of abdomen revealed multiloculated, peripherally enhancing cystic hepatic mass (11 x 10 x 10 cm) with its epicenter surrounding gallbladder fossa. The gallbladder appeared massively distended with irregular wall thickening. She was started on parenteral antibiotics for presumed hepatic abscess. Subsequently, she underwent a CT-guided catheter placement and drainage of purulent material which grew *Streptococcus-Gemella* species. The fluid cytology revealed scant markedly atypical cells with acute inflammation suggesting necrotic tumor. Follow-up CT of abdomen revealed persistent cystic lesion with mild decrease in size. Ultrasound-guided liver biopsy showed cohesive groups of epithelioid and spindled malignant cells with dense squamoid cytoplasm with CK34BE12- and p63-positive and CA19-9–negative. A PET-CT showed intense FDG-uptake in segments 5 and 6 of the liver with central photopenia, corresponding with a cystic lesion with central necrosis, and no other focus of disease. She underwent extended right hepatic lobectomy; the mass was a poorly differentiated adenosquamous carcinoma on histopathology. Intra-operatively, multiple gallstones were found in the abdominal cavity with ruptured gallbladder that was walled off by the omentum, transverse colon, and mesocolon. There was a large amount of necrotic material that could be directly examined through what was once the posterior wall of the gallbladder.

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**Discussion:** Gallbladder carcinoma (GB-Ca) is a relatively rare and highly lethal entity of gastrointestinal malignancy, and the majority of cases are adenocarcinoma (AC). Adenosquamous carcinoma (ASC) is a rare histopathologic subtype, accounting for an estimated 1–5% of all cases of GB-Ca. Its clinicopathologic characteristics, biological behavior, and optimal surgical procedure are still controversial.

ASC usually presents with a bulky tumor arising from the gallbladder fossa side and frequently invades the liver and other adjacent organs. Mean age at presentation is 71 years (range, 68-75). Most patients have a history of gallstone disease and present with abdominal pain, nausea, vomiting, or weight loss. Jaundice is rare at presentation. The primary spread of ASC is by direct extension, with few metastases to lymph nodes or other organs, suggesting a lower metastatic potential of this rare tumor compared with that of AC. In this context, theoretically, ASC appears more suitable for curative resection than AC. However, the high local invasiveness of this tumor and the advanced stage at initial diagnosis often preclude curative resection. This may be the reason for the poorer prognosis of patients with ASC compared with AC.