

Carcinosarcoma of gallbladder: a case report

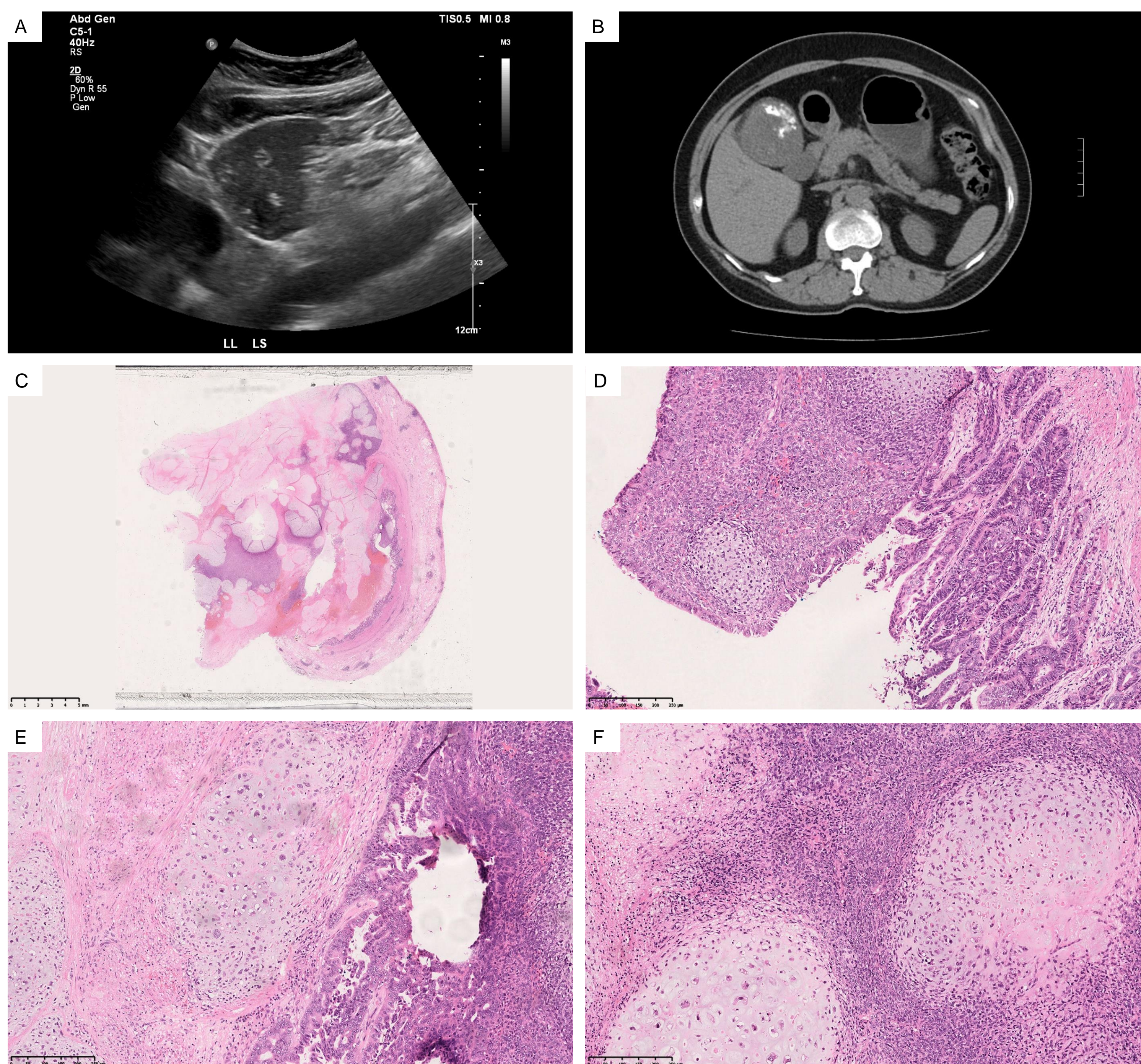


WONG Yuen Sze Sivia, TANG Wai Lun Victor

Department of Clinical Pathology, Pamela Youde Nethersole Eastern Hospital

History

A 75 years old lady with a history of adenocarcinoma of lung with lobectomy performed in 2015. Follow-up imaging in 2020 showed distended gallbladder with irregular poorly-defined enhancing densities and apparent wall infiltration over the fundus. Cholecystectomy and partial liver resection was performed. Macroscopically, the gallbladder was distended by a 10 cm exophytic tumour filling the gallbladder cavity. The tumour was largely soft with focal bony hard areas.



- (A) Ultrasound of gallbladder. Gallbladder stones and irregular non-mobile heterogeneous content in body and fundus, suggestive of mass lesion.
(B) Computerized tomography (CT) with contrast. Irregular poorly-defined enhancing densities are observed in the gallbladder. Apparent wall infiltration is observed over the fundus region. Overall features are worrisome of underlying malignancy.
(C) Gallbladder (20X).
(D) Adenocarcinoma with tumour cells arranging in infiltrative nests and irregular glandular pattern, arising from the gallbladder mucosa. (100X).
(E and F) Extensive areas of sarcomatoid component featuring lobules of cartilage with malignant chondrocytes, as well as solid sheets of malignant mesenchymal cells. No other heterologous component is found. (100X)

Summary

Gallbladder cancer accounts for about 0.5% of all gastrointestinal malignancies. Gallbladder carcinosarcoma (GBCS) is a rare form of gallbladder cancer. The risk factors of GBCS include female gender, gallstones and chronic cholecystitis. Clinical and biochemical findings are nonspecific. Imaging studies may assist to establish a diagnosis. Surgery is the only curative option for GBCS to-date. Adjuvant treatment may reduce the recurrence risk and improve survival outcome.