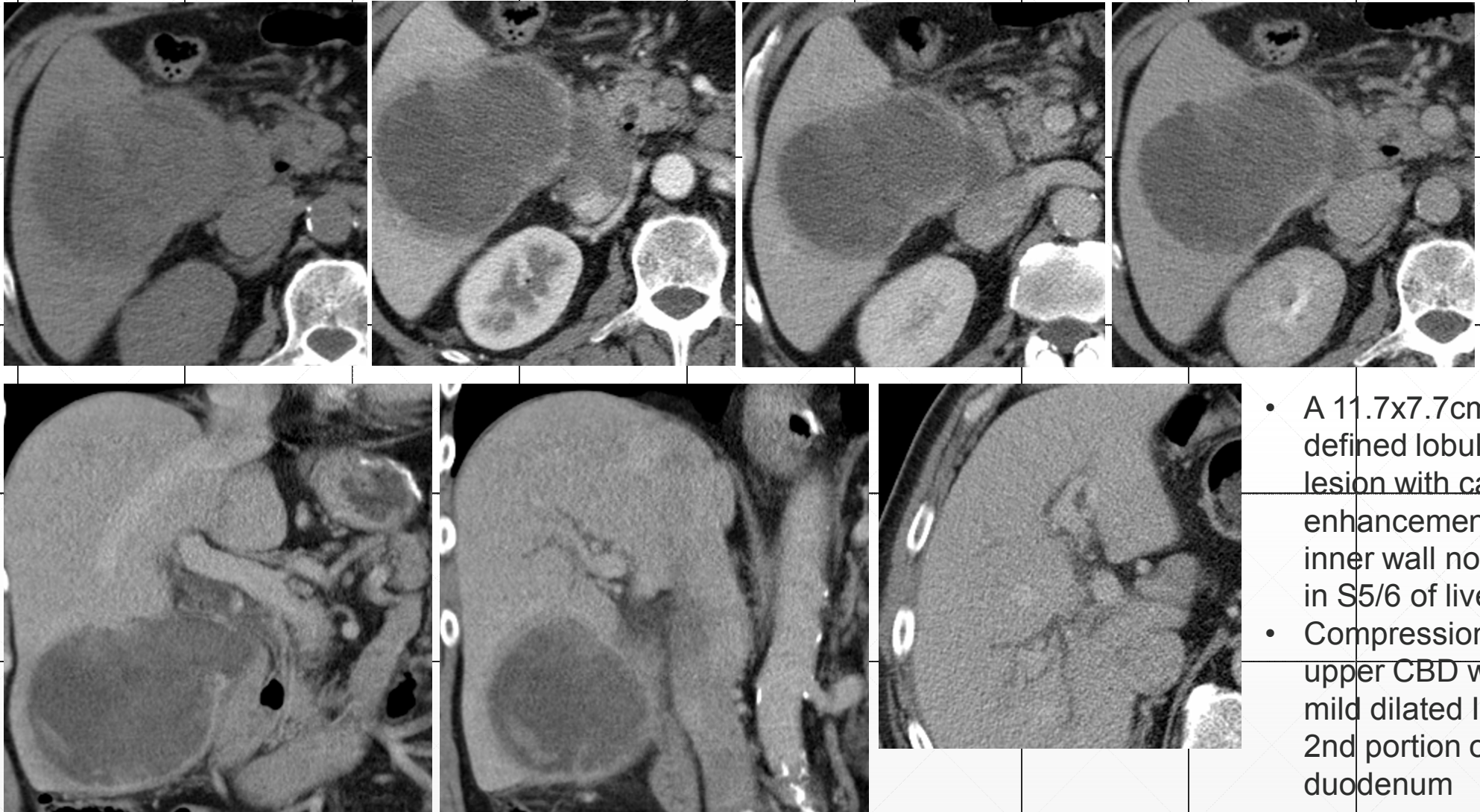


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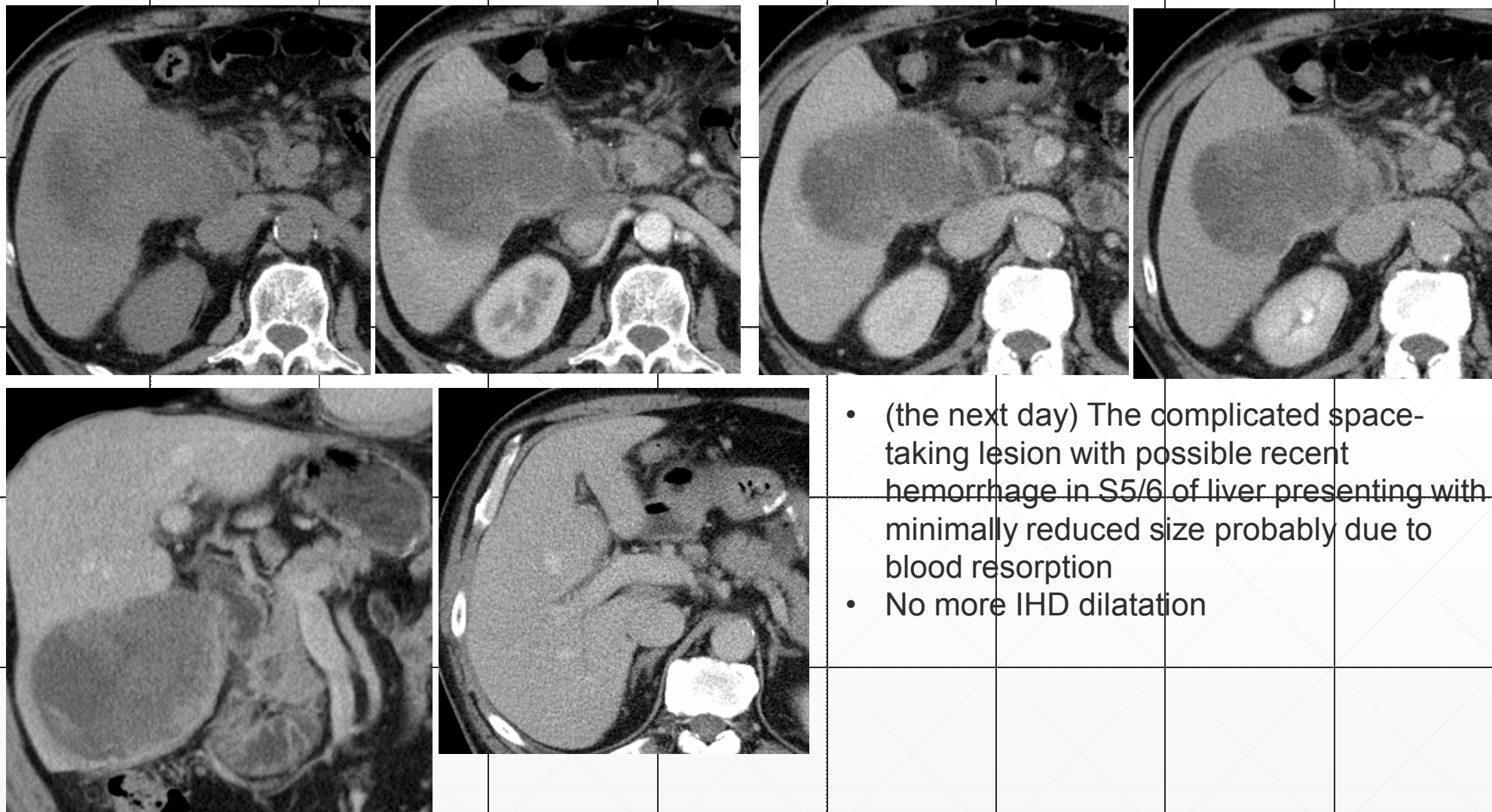
56 y/o, Male, HBV

1665****

- 56 y/o, Male, HBV carrier, morbid obesity s/p sleeve gastrectomy
- Post-prandial dull pain for one day with mild residual discomfort for days
- Physical examination shows non-tender solid mass at RUQ of abdomen
- 2018-08-30 Sonography: a hyperechoic mass lesion (10.5 cm) with central necrosis noted at right lobe of liver
- 2018-08-31 CT



- A 11.7x7.7cm well-defined lobulated lesion with capsular enhancement & inner wall nodularity in S5/6 of liver
- Compression of upper CBD with mild dilated IHDs & 2nd portion of duodenum



- (the next day) The complicated space-taking lesion with possible recent hemorrhage in S5/6 of liver presenting with minimally reduced size probably due to blood resorption
- No more IHD dilatation

Differential diagnosis

A large and heterogeneous S6 mass with capsular enhancement and internal cystic and hemorrhagic components.

- Hepatic sarcoma
- Solitary hepatic metastasis
- Gallbladder carcinoma with mass-forming appearance completely replacing the gallbladder

Pathology

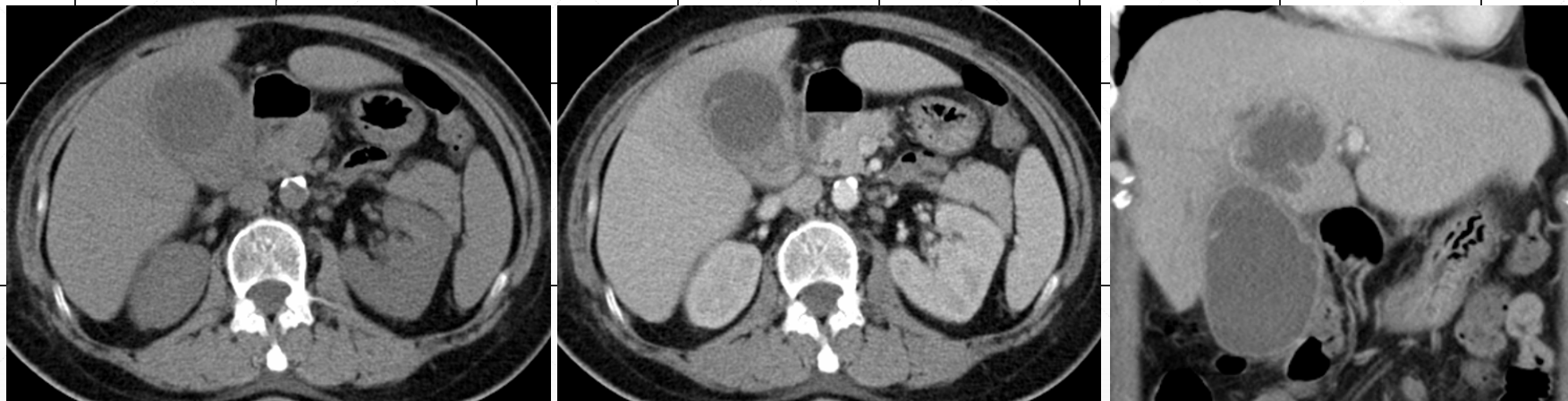
- CT-guided biopsy:
necrosis



- Laparoscopic S4-7 partial
hepatectomy +
cholecystectomy
- ▪ Op findings: Liver tumor,
S4/5/6/7, r/o GB cancer
- Pathology: Pure
squamous cell carcinoma
of the gallbladder

Discussion: Gallbladder carcinoma

- 16152319
- Laparoscopic resection of gallbladder: adenocarcinoma, T2. Omentum(+), liver margin(+)

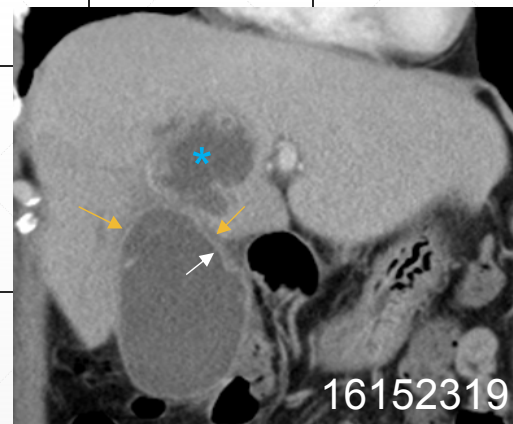
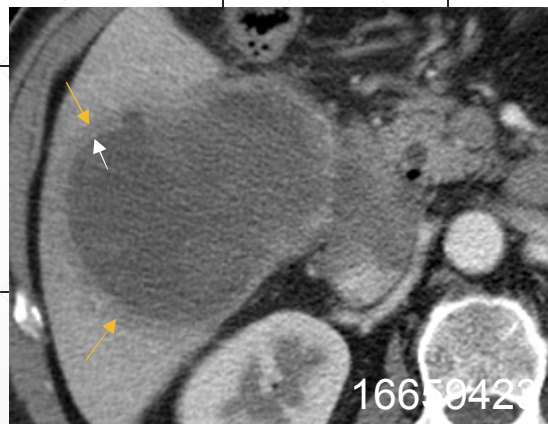


Discussion: Gallbladder carcinoma



- Major risk factors: Cholelithiasis, chronic cholecystitis, porcelain GB, and GB polyps, elderly female
- Several different possible imaging appearances
 - Mass completely replacing gallbladder (GB) (2/3 of cases)
 - Irregular focal or diffuse GB wall thickening (20-30%)
 - Intraluminal polypoid GB mass (~ 20% of cases)
- Frequently invades liver and porta hepatis
 - May be difficult to differentiate from primary liver mass when large mass replaces GB and invades liver
 - May be difficult to differentiate from Klatskin tumor (cholangiocarcinoma) when tumor invades porta hepatis
- Bulky porta hepatis/paraaortic adenopathy common
- Most common sites of metastasis: Liver and peritoneum

- Typically hypodense on venous phase, but may have peripheral vascularity on arterial phase
 - 2-layer pattern of enhancement in thickened GB wall (hypo-enhancing outer layer and hyperemic inner layer)
 - May have calcifications (possibly engulfed gallstones) and cystic components (usually mucinous tumors)



Discussion: Primary squamous cell carcinoma of GB

- Gallbladder carcinoma
 - Adenocarcinomas (AC): over 90% of cases
 - Adenosquamous carcinoma (ASC): 1-3% of cases
 - Pure squamous cell carcinoma (SCC): 0.5% of cases (case reports)
- Pure squamous cell carcinoma of gallbladder:

