

Research Article

SQUAMOUS CELL CARCINOMA OF GALLBLADDER: A CASE REPORT

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ABSTRACT

Gallbladder cancer is the most common malignant tumor of the biliary tract. The majority of cases are adenocarcinoma (AC). Pure squamous cell carcinoma (SCC) of gallbladder accounts only 3% of the malignant neoplasm of this organ. Many patients are at advanced stage when diagnosed and have bad therapeutic efficacy. At present, radical surgery is the only chance to gain long-term survival for patients with early-stage gallbladder cancers. Recent reports have shown a benefit of adjuvant chemoradiation in this type of tumor. At present, no therapy is defined for unresectable cancer of the gallbladder, especially for SCC.

Presentation of Case: Here, we present a rarely seen case of gallbladder squamous cell carcinoma, which was diagnosed by pathological examination after the surgery.

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INTRODUCTION

Vesicular squamous cell carcinoma is a very rare tumor, representing less than 2% of malignant tumors of the gallbladder [1]. It is characterized by a rapid progression towards allocoregional invasion and liver metastases. Its invasiveness, associated with an often late diagnosis explains its very bad prognosis. We report a new case squamous cell carcinoma of gallbladder by discussing the clinical, histological and therapeutic features of this entity.

Case

Woman aged 71 years old, without particular antecedents, was admitted with a 6 months history of pain in the right hypochondrium. Clinical examination and blood work were normal. The abdominal ultrasound showed a thin-walled, lithiasis vesicle without dilatation of the intra- and extrahepatic bile ducts. A cholecystectomy was performed. The histological analysis of the cholecystectomy specimen concluded to a squamous cell carcinoma without exceeding the serosa. The patient was lost to follow up for 1 month due to the COVID-19 pandemic and the consequences were marked by the appearance of a cutaneous-mucous icterus 1 month after the cholecystectomy. The laboratory test results for the patient were determined as AST) 138 (10-35) U/L, alanine aminotransferase (ALT) 71 (7-35) U/L, alkaline phosphatase (ALP) 629 (35-104) U/L, gamma glutamyl transferase (GGT) 650 (6-42) U/L, total bilirubin 258 (0-10) mg/L, direct bilirubin 246 (0-3) mg/L. Tumor markers such as AFP, CEA, CA and 19-9 were within normal limits.

A CT scan showed infiltration vesicular bed with lymph node metastasis and pedicle infiltration responsible for dilatation of intrahepatic bile ducts (Figure 1). Radiological external biliary drainage performed without complications.

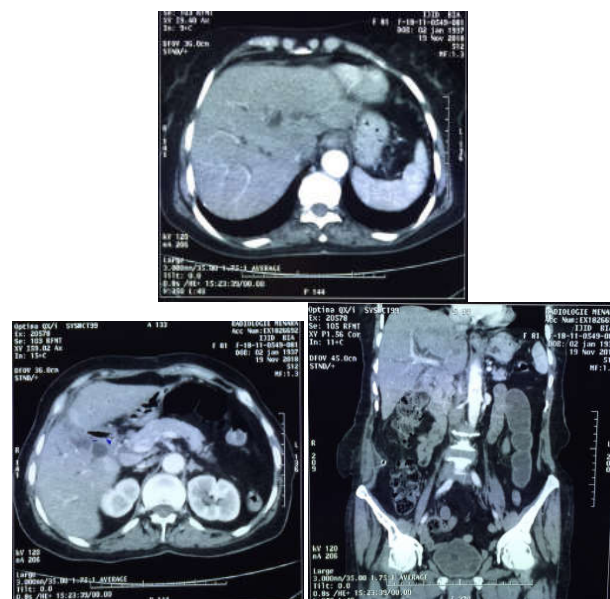


Figure 1 CT scan invasion of the liver and pedicle and dilatation of intrahepatic bile ducts

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## DISCUSSION

Gall bladder cancer accounts for 3% of all malignant tumors and rank fifth among digestive cancers. They are dominated by adenocarcinoma.

Primary squamous cell carcinomas of the gall bladder are very rare. They represent only 0.5 to 12.7% tumors of the gallbladder [2, 3]. This wide Percentage range is explained by the inclusion in this category of adenosquamous carcinomas and sometimes undifferentiated adenocarcinomas and carcinomas anaplastic. As a result, pure squamous cell carcinoma and primitive constitute only 0 to 3.3% of cases [3]. they are the appanage of women aged 40 to 60 [2,4]. The sex ratio is 3/1.

Clinical signs are not specific, expression often late and are similar to those of other carcinoma of the gall bladder. The diagnosis is the most often done at an advanced stage [2-4]. Takashi and al. have carried a case of tiny size ( $0.4 \times 0.4 \times 0.3$  cm) revealed by an episode of acute cholecystitis [3].

It is characterized by its locoregional extension, favored by the histology of the vesicular wall (absence of muscular mucosa, absence of serosa next to the vesicular bed) [5] and its extension by contiguity to the liver, the duodenum, transverse colon and at the right colic angle. [1,3].

### *Several elements explain the severity of this cancer*

Poor symptomatology, aspecific, often late expression a rapid locoregional extension favored by the histology of the vesicular wall An extension by contiguity to the liver, duodenum and right colic angle Venous extension to the portal and hepatic system a lymphatic and nervous extension to the hepatic pedicle

Radical resection is the mainstay treatment of patients with locally invasive squamous cell carcinoma and offers the only chance of cure[6, 7]. The extent of the tumor at the time of diagnosis is the most important parameter in determining survival.

The majority of the patients die around six months after diagnosis when radical surgery is not performed [8, 9]. Adjuvant postoperative radiotherapy and chemotherapy may be used, although their results are inconsistent and only palliative [8, 10].

The prognosis of vesicular squamous cell carcinoma is pejorative. The average survival after diagnosis is six months [2,4,11]. Some authors find correlations between tumor size and degree locoregional extension. The early diagnosis and the speed of therapeutic decision are of primordial importance [2].

## CONCLUSION

Squamous cell carcinomas of the gallbladder are rare tumors. To improve the prognosis that remains unfortunately dark, it is necessary to carry out multicenter studies collecting several cases in order to better identify the characteristics clinical, oncogenetic and possible implications therapeutic.

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