

Recent Surgical Approach for GB Cancer: Laparoscopic Approach

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Preoperative suspicion of GB cancer (GBC) is generally considered a contraindication of laparoscopic cholecystectomy (LC). Until now, role of laparoscopy in GB cancer has been diagnostic; there are many reports on the results of incidentally discovered GBC during or after LC or on the laparoscopic staging for patients with advanced GBC. However, there have been few reports on the intentional laparoscopic treatment approach for GBC. Recently we reported the prospective intention-to-treat study regarding application of laparoscopic surgery to suspicious GBC. A total of 36 patients with suspicious GBC without evidence of liver invasion were enrolled in this study. The patients without evidence of liver invasion on both CT and USG underwent the laparoscopic approach. When liver invasion was detected on laparoscopic USG, conversion to laparotomy was performed. The patients without evidence of liver invasion on LUS received LC. After the gallbladder was resected out, intraoperative frozen biopsy was performed to confirm the presence of carcinoma, the depth of invasion, the presence of liver invasion and the involvement of the cystic duct margin. Surgery was completed when the diagnosis was benign disease, and additional locoregional laparoscopic lymphadenectomy (LLA) was performed when the diagnosis was malignant disease. Three patients who had liver invasion on endoscopic US underwent open surgery. An additional 3 patients who had liver invasion noted on laparoscopic US were converted to laparotomy.

Finally, 30 patients underwent a laparoscopic procedure. For the 12 patients who had benign lesion noted on their frozen biopsy, their laparoscopic surgery was completed. The remaining 18 patients who had GBC underwent additional LLA. During LLA (n=18), one conversion occurred due to bleeding, and the median operation time and blood loss were 190min and 50 ml, respectively. The complication rate was 16.7% and the median postoperative hospital stay was 4 days. After a median follow-up of 18 months, all 18 patients who underwent LLA survived without any evidence of recurrence or metastasis.

Our results showed that the laparoscopic approach is technically feasible and the interim outcome is acceptable for highly selected patients who have early stage GBC without liver invasion. However, long-term follow-up results and well-designed comparative studies between open and laparoscopic approach are needed to confirm our interim results.

References

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