
Department of Surgery, Yonsei University College of Medicine

Woo Jung Lee

There is controversy about surgical treatment of gallbladder carcinomas. Generally, simple cholecystectomy alone (including laparoscopic cholecystectomy) is an adequate treatment for pathologic stage of T1a gallbladder carcinomas. T1b tumors associated with good long-term survival even after simple cholecystectomy but are associated with a slight high locoregional recurrence rate, therefore a definitive curative treatment with liver resection and lymph node dissection should be performed.

According to anecdotal experiences at our institution, minimally invasive laparoscopic simple cholecystectomy in certain patients (T1a) is likely to provide an acceptable surgical outcome compared to radical surgery in treating gallbladder carcinoma. And as the data with minimally invasive surgical treatment for gallbladder carcinoma with T1b and T2 gallbladder carcinomas has increased and technical improvement of laparoscopic lymph node dissection, we have extended the indication of minimally invasive laparoscopic surgery (including da Vinci Robotic surgery) to the T2 gallbladder carcinoma.

Even though we cannot conclude the results because the number is not enough and study duration is not long enough, we have some preliminary results as follows.

a) Among 15 patients with T1a gallbladder carcinomas who were treated with minimally invasive surgery we have no recurrence until now. b) Among 7 patients with T1b lesions, one patient had liver metastasis 2 years after surgery. c) Among 15 patients with T2 lesions, two patients had recurrence at paraaortic lymph node area after 1 month and 5 months after operation (laparoscopic simple cholecystectomy only). d) After applying the regional lymph dissection (sometimes aortocaval lymph nodes also) since 2006, we found two patients have positive regional lymph nodes among 10 patients (20%) after operation but we have no recurrent cases until now.

For suspected T1 and T2 gallbladder carcinomas without regional and systemic metastasis, after preoperative study for main lesion and metastasis (including EUS and PET), we can treat them with minimally invasive laparoscopic (or da Vinci Robotic) cholecystectomy and lymph node dissection (including aortocaval paraaortic lymph nodes).