Session 6. Up-to-Date Information on Precancerous GB Lesions

Some benign lesions increase the risk of gallbladder cancer: Is it true?

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Curriculum Vitae

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Gallbladder cancer (GBC) is the most common malignancy of the biliary tract, accounting for 80%~95% of biliary tract cancers. The presenting symptoms are vague, so diagnosis commonly occurs at an advanced stage, contributing to its overall progression and poor outcome1. The recognition of premalignant lesions is important, although early diagnosis of GBC is essential. However, there has been no definitive definition to its premalignant lesion or risk factors for carcinogenesis.

Gallstones are present in 70~90% of patients with GBC, and a history of gallstone is strongly associated with GBC, although the precise etiology is unknown. Porcelain gallbladder is an uncommon manifestation of chronic cholecystitis which has an intramural calcification of the gallbladder wall. The reported incidence of GBC in patients with a porcelain gallbladder ranges from 12.5~60%, with more recent studies suggesting a rate of approximately 2~3%. In term of neoplastic polyps, benign adenomas constitute 4% of all gallbladder polyps. However, it is unclear whether or not benign adenomas progress to adenocarcinoma. The features of gallbladder polyps that predict malignancy are: large polyps (>1cm), a solitary or sessile polyp, rapid polyp growth, associated gallstones and age over 50. Anomalous pancreaticobiliary duct junction is a congenital malformation in which pancreatic juice can freely regurgitate into the gallbladder and bile duct, which leads to malignant change in the gallbladder mucosal. Although gallbladder adenomyomatosis has not been generally considered a premalignant lesion, several reports have suggested that the malignant potential of ADM, and segmental-type ADM shows an increased risk of gallbladder cancer.

Despite improved diagnostic techniques, GBC is generally diagnosed at an advanced stage. Early diagnosis of GBC is imperative as surgery can be curative. Therefore, it is essential to identify patients with premalignant gallbladder lesions developing GBC. Large stone (>3cm), solitary polyp (>1cm), porcelain gallbladder and AUPBD are well established risk factor associated with GBC. The clinician should be carefully approach the management of the lesions because several reports showed coexistence with GBC.