



Images In Medicine

Adenosquamous Cell Carcinoma of the Gallbladder

Robert Bagdasaryan, MD, and Helen Miroshnichenko

A 76-year-old woman with abdominal pain underwent CAT scan evaluation which demonstrated cholelithiasis and gallbladder wall thickening.

Cholecystectomy, in addition to cholelithiasis, revealed 2.5 cm transmurally invasive ulcerated adenosquamous carcinoma.

Gallbladder carcinoma is an uncommon disease, with an incidence ranging from 0.72 to 21 cases per 100,000 worldwide, a male-female ratio of 1:3 and an average age at the diagnosis of 72.2 years (median age is 73 years).^{3,7}

Adenosquamous cell (ASC) carcinoma of the gallbladder is a rare subtype of gallbladder cancer, accounting for 1.4-10.6% of all incidences, while the majority of cases are adenocarcinoma of the gallbladder.¹ Adenosquamous cell carcinoma is characterized by the formation of a large tumor with local invasiveness of neighboring organs, but lacks metastasis in lymph nodes or viscera. The primary spread of ASC of the gallbladder was reported by direct extension (4,5,6), that is, less lymph node invasion and lower metastatic potential compared with adenocarcinoma of the gallbladder (1).

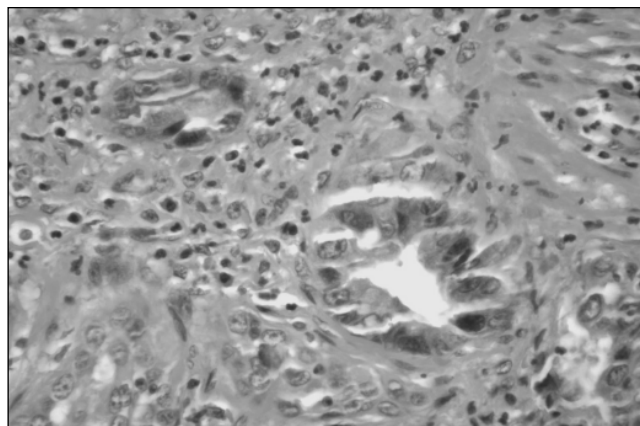
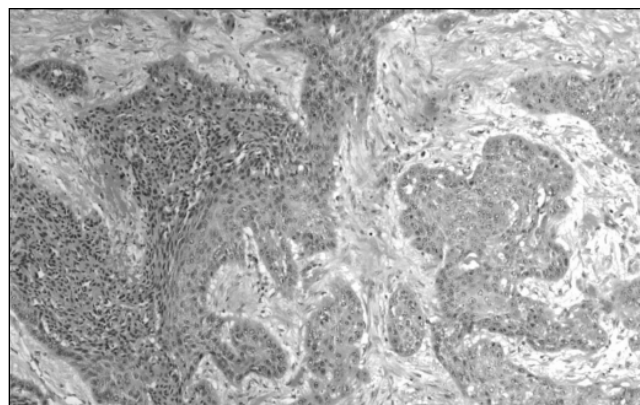
ASC of the gallbladder lacks specific presentations in signs and symptoms until the tumor has grown substantially and the carcinoma is at advanced stages.¹⁻³ Usually by this time, abdominal pain leads to the discovery of the tumor. After surgery, the median life expectancy is 5.2 months.³ Prognosis seems to improve with the resection of involved organs as part of a radical operation, which can be justified in cases where the lesion tends to remain localized with no metastasis or peritoneal seeding.¹⁻³

It is important to differentiate between squamous and adenosquamous cases because when the two cases are considered together, they are characterized as a whole, by rapid growth and wide infiltration. This inaccurately portrays squamous cell carcinoma with characteristics of ASC carcinoma. In some cases squamous carcinoma is characterized by a well-localized growth and a rarity or lack of metastasis, while ASC infiltrates extensively.²

The nature of adenosquamous/squamous carcinoma of the gallbladder increases the opportunities of an extended surgical approach to the squamous carcinomas, in absence of lymphatic or hematogenic metastasis, even in advanced stages, as compared to ASC of the gallbladder.³

REFERENCES

1. Chan K, Yu Met al. Adenosquamous/Squamous cell carcinoma of the gallbladder. *J Surgical Oncol* 2007; 95:129-34.
2. Karsawa T, Itoh K, et al. Squamous cell carcinoma of gallbladder. *Acta Pathol Japan* 1981; 31:299-308.
3. Mingoli A, Brachini G, et al. Squamous and adenosquamous cell carcinomas of the gallbladder. Dept. of Surgery Pietro Valdoni, University of Rome 'La Sapienza', Policlinico Umberto I; Dept. of Surgery 'A', Regina Elena Cancer Institute: Rome, Italy; 2005; 24:143-50.
4. Saito A, Noguchi Y, et al. A case of primary adenosquamous/squamous cell carcinoma of gallbladder directly invaded duodenum. *Hepatogastroenterol* 1999; 46: 204-7.



5. Oohashi Y, Shirai Y, et al. Adenosquamous carcinoma of the gallbladder warrants resection only if curative resection is feasible. *Cancer* 2002; 94:3000-5.
6. Willcox J, Chang FC. Squamous cell carcinoma of the gallbladder. *Kans Med* 1993; 94:133-4
7. Nevin JE, Moran TJ, et al. Carcinoma of the gallbladder. *Cancer* 1981;37: 299-308.

*Robert Bagdasaryan, MD, is a staff pathologist, Kent Hospital.
Helen Miroshnichenko is a medical student at Boston University.*

Disclosure of Financial Interests

The authors and/or spouses/significant others have no financial interests to disclose.

CORRESPONDENCE

Robert Bagdasaryan, MD
Kent Hospital – Dep Pathology
455 Toll Gate Rd
Warwick RI 02886
Phone: (401) 737-7000,1240
e-mail: rbagdasaryan@kentri.org