

CARCINOID TUMOUR OF GALL BL & DDCR

Pages with reference to book, From 227 To 228

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Primary carcinoid tumour of gall bladder is rare. Only 6 cases were reported between 1929 and 1978^{1,2} and by 1980 Bost et al³ could report only 17 cases in their review of the subject.

CASE REPORT

A sixty year old female was admitted with complaints of pain in right hypochondrium and dyspepsia. The pain was of two years duration and radiated to the back. On clinical examination she was pale and underweight. Tenderness was present in the right hypochondrium. Ultrasound examination of the abdomen showed multiple stones in the gall bladder. The patient was diagnosed as having cholelithiasis and cholecystectomy was done. Her post-operative course was uneventful and she was able to go home on the 6th post-operative day. The specimen of gall bladder received in the histopathology laboratory was grayish brown in colour with an irregular surface and measured 4x3x2 cm. Cut surface showed a cavity full of black stones and a polypoidal pedunculated growth arising from the neck. This growth was yellowish in colour and measured 1.5x1x.5 cm. No mucosal ulceration was seen in the specimen examined. Sections were taken from different sites and slides were stained with haematoxyline and eosin. On light microscopy the tumour was found to consist of small uniformly dark stained neoplastic cells (Figures 1 and 2)

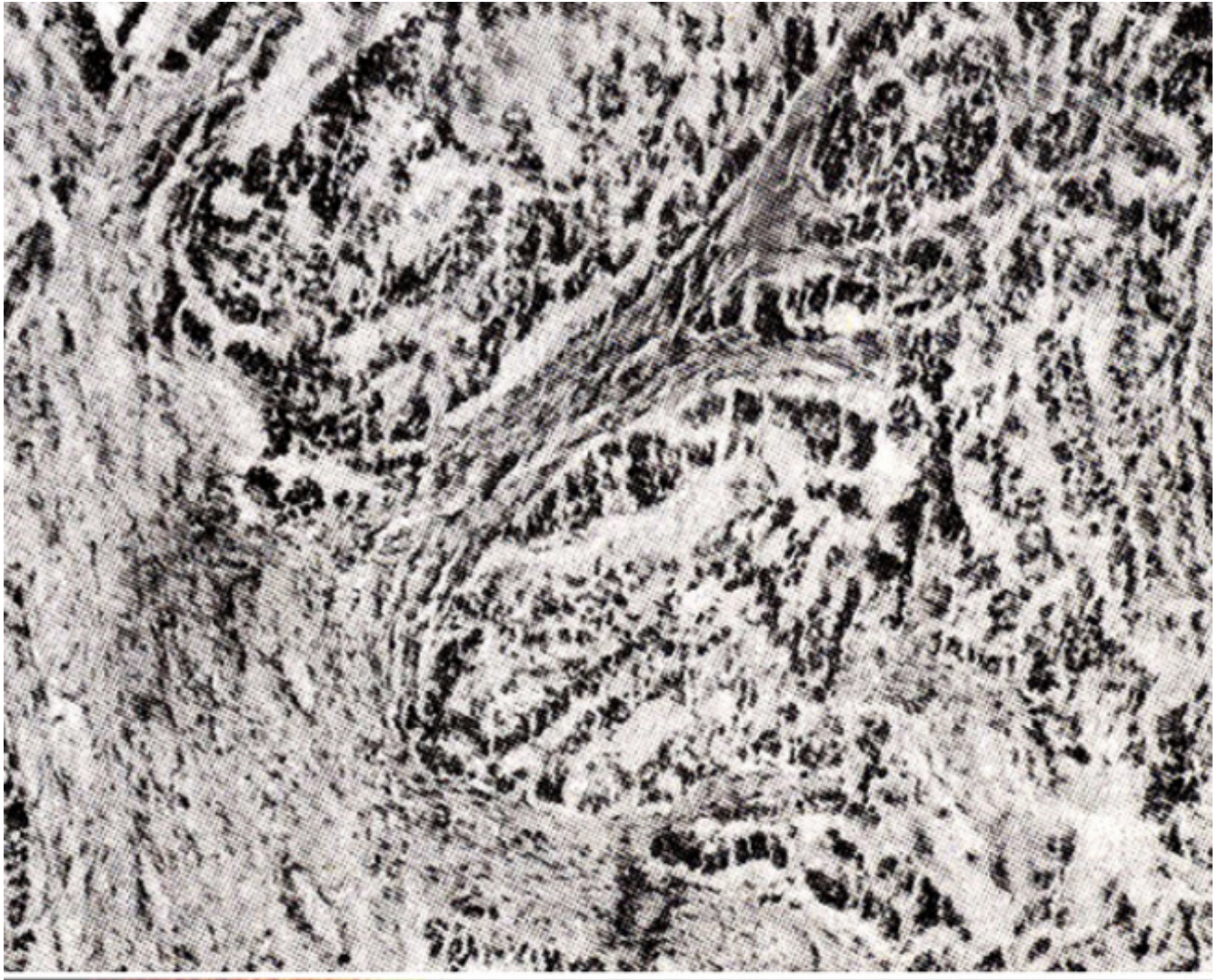


Figure 1. Palisading arrangement of cells with desmoplastic reaction.
(H and E x 100)

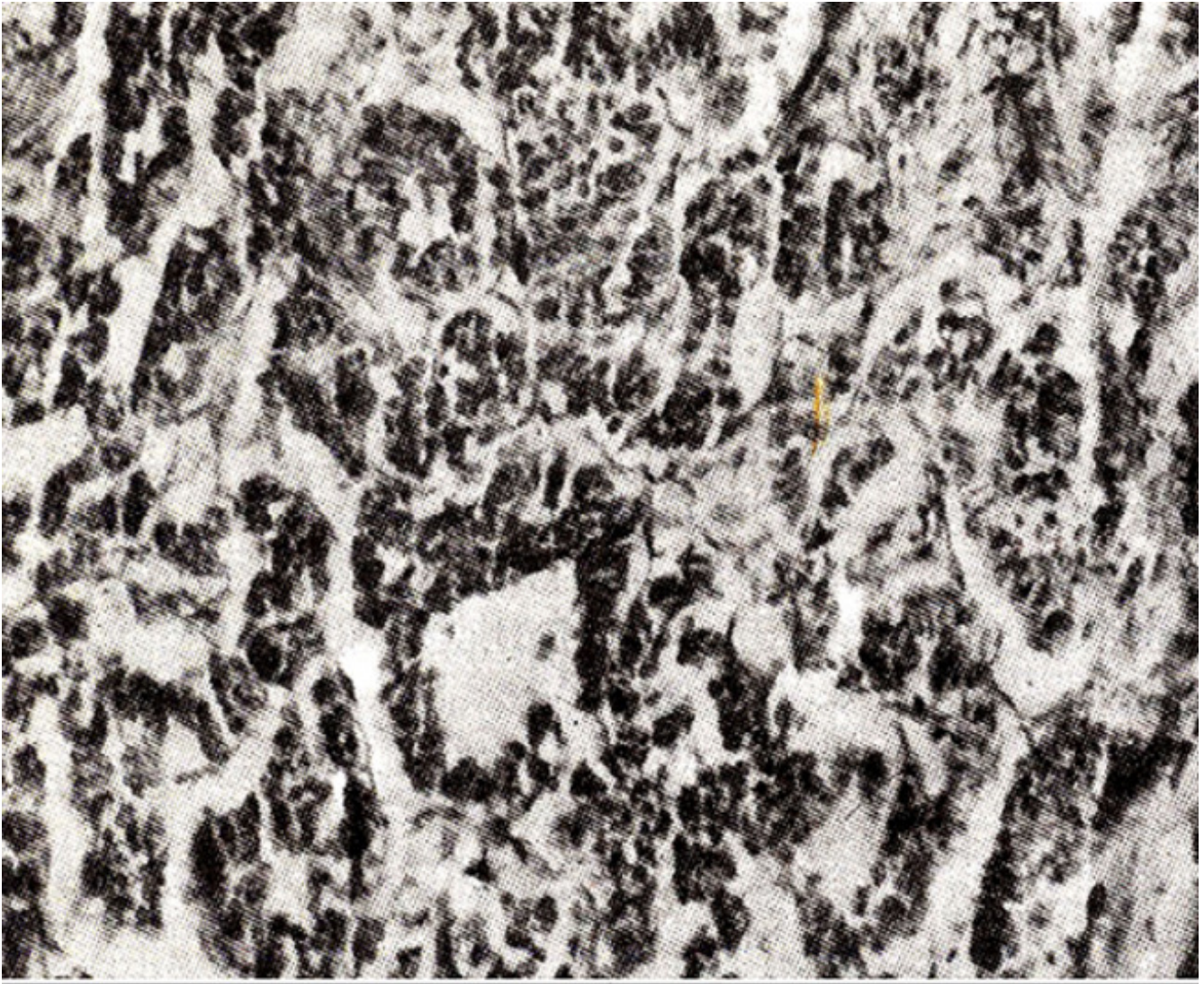


Figure 2. Palisading arrangement of cells with desmoplastic reaction (H and E x 100). forming acini and alveolar sheets. In some areas a palisading arrangement of cells with desmoplastic reaction was present (Figure 3)

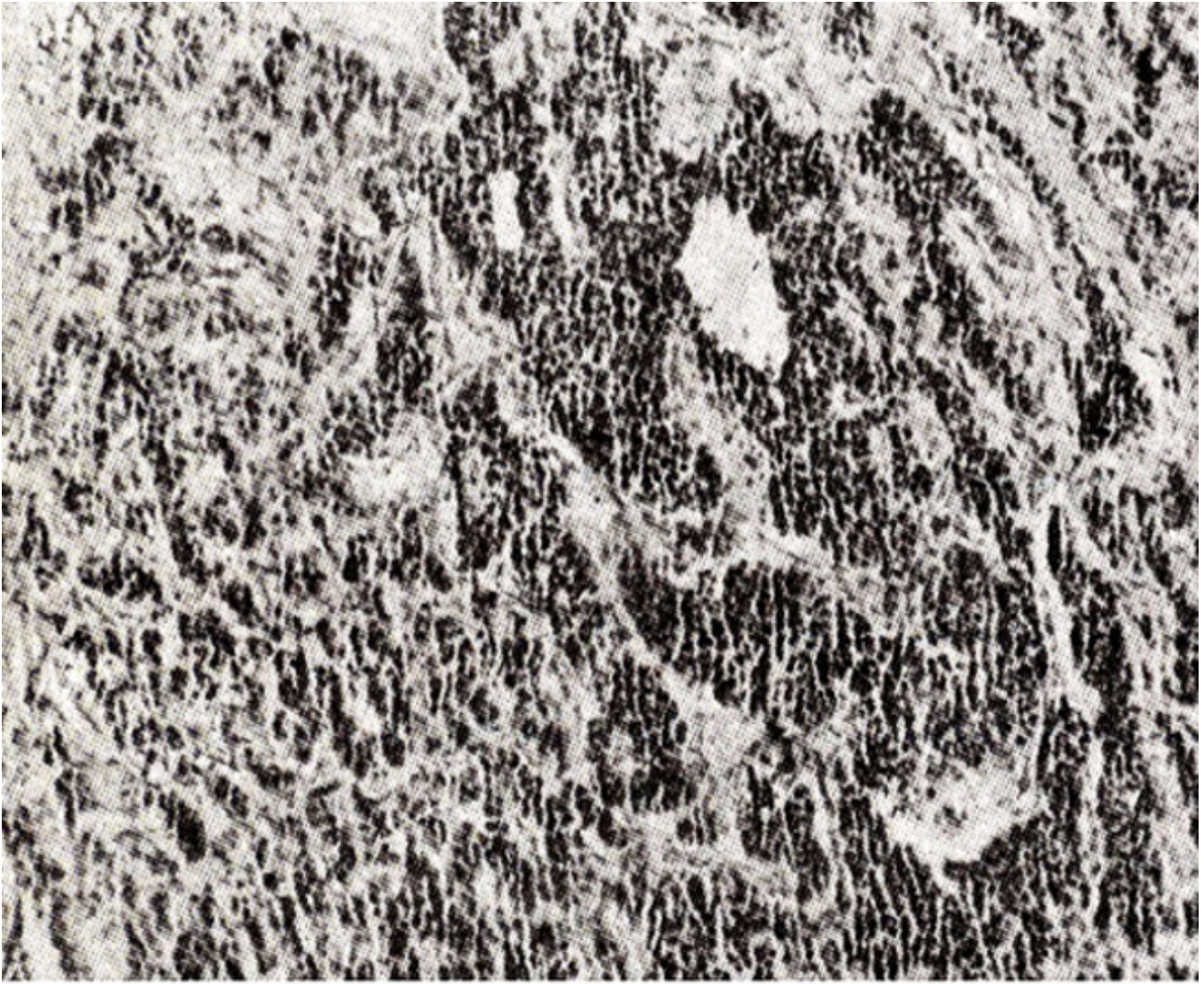


Figure 3. Palisading arrangement of cells with desmoplastic reaction.

while in others blood vessels and perineural invasion was evident (Figures 4 and 5).

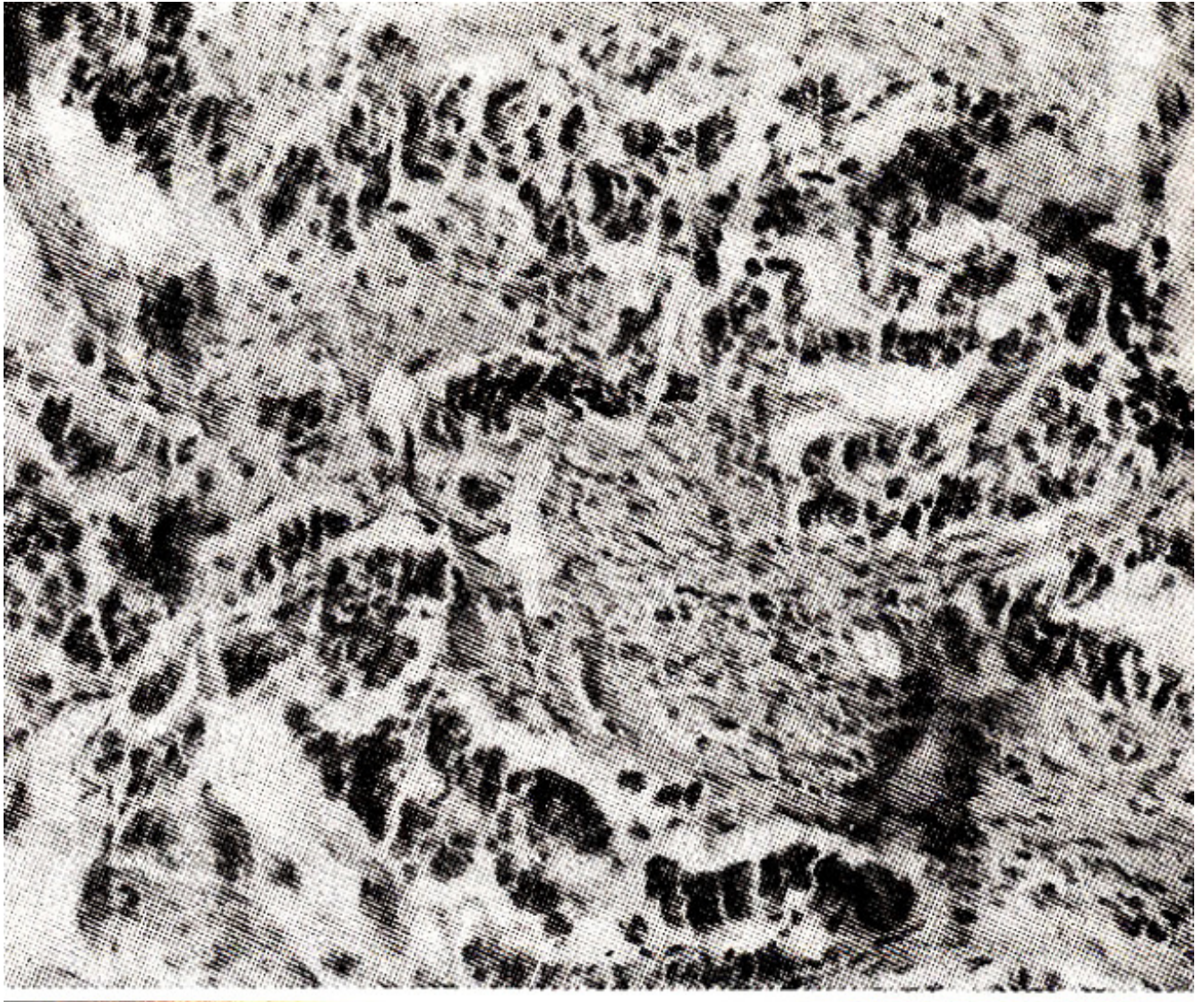


Figure 4. Perineural invasion.

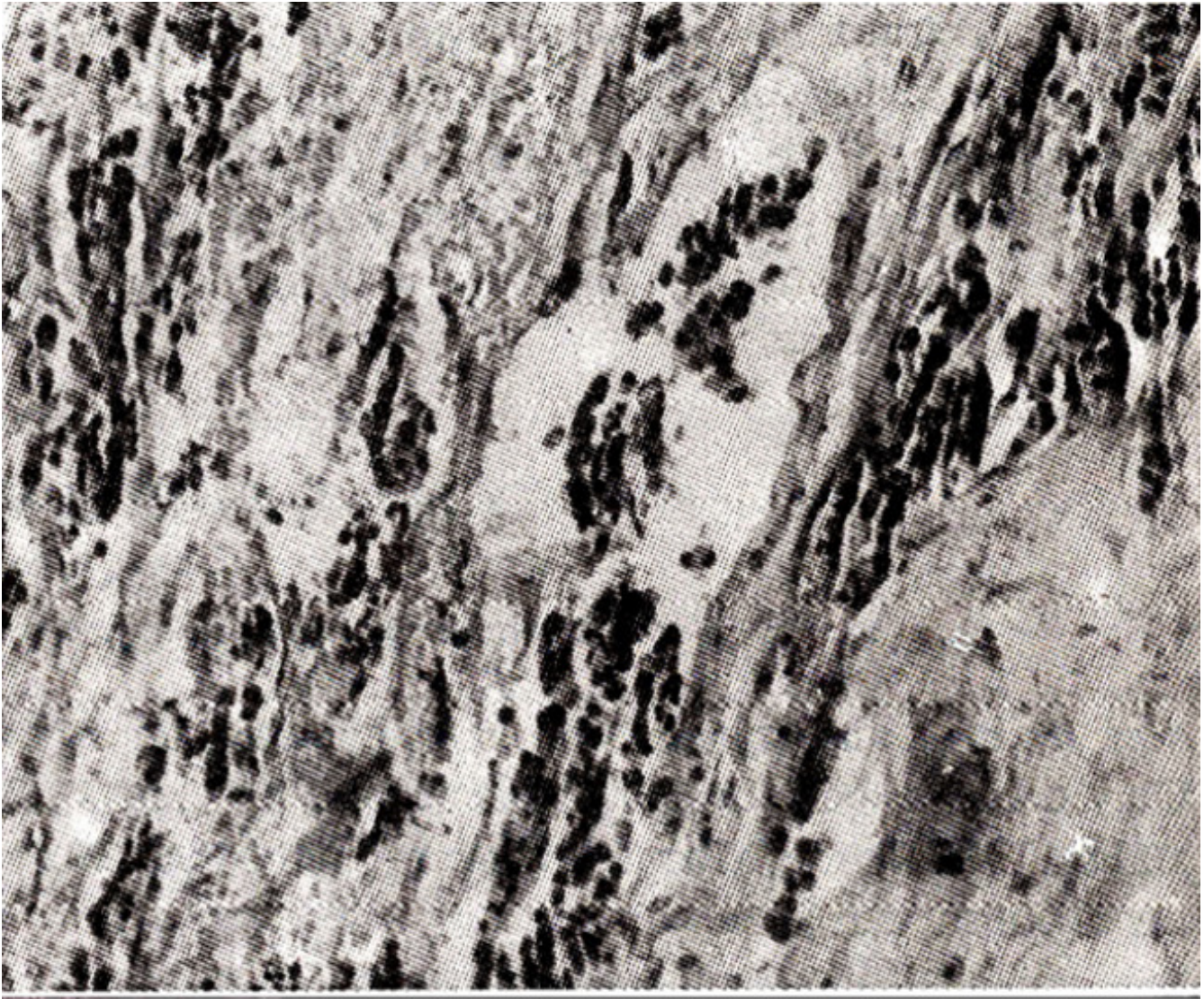


Figure 5. Lymphatic invasion.

A biopsy of the liver taken at time of cholecystectomy appeared to be normal. The histopathological diagnosis of primary carcinoid tumour of the gall bladder was confirmed by Armed Forces Institutes of Pathology, Rawalpindi and Washington D.C.

DISCUSSION

Most of the previous reports of carcinoid gall bladder are autopsy findings. Also no association with gall stones has been reported previously. The age of our patient falls in the reported age range of 4th to 6th decade and her sex is also in accordance with the predominantly female cases reported¹⁻³. The patient did not have features of the carcinoid syndrome and none of the previously reported cases had such features either. Our case had the same pedunculated appearance and histopathological features as reported by Willis³. There was no evidence of metastasis in the liver biopsy specimens examined.

ACKNOWLEDGEMENT

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