



172 - IS THERE ANY ROLE OF SURGERY IN PATIENTS OF METASTATIC CARCINOMA GALL BLADDER WHO BECOMES RESECTABLE AFTER PALLIATIVE CHEMOTHERAPY?

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Resumen

Introduction: Metastatic gall bladder cancer (GBC) has a very poor prognosis with a median survival of < 6 months. Only curative treatment for GBC is a complete surgical resection with lymphadenectomy (radical cholecystectomy). In metastatic cases palliative chemotherapy with Cisplatin and Gemcitabine is the current standard. There is a paucity of data regarding management of patients who becomes resectable after palliative chemotherapy.

Methods: 650 patients of gall bladder carcinoma were evaluated retrospectively from a prospectively maintained data base between January 2011 to March 2019 at three academic institutions. During this period 231 radical cholecystectomy were performed. Non-resectable (metastatic) patients were given the option of palliative chemotherapy. 176 patients underwent palliative chemotherapy. Four patients of metastatic GBC after 6 cycles of palliative Gemcitabine+ cisplatin turned radiologically resectable and underwent radical cholecystectomy.

Results: Out of 176 patients who underwent palliative chemotherapy, 4 became resectable. Surgery was performed 4-6 weeks after last dose of chemotherapy. Of four patients, one was male and three were female. The median age at presentation was 40.5 years (range 38 to 47 years). Three patients underwent radical cholecystectomy while one underwent radical cholecystectomy with bile duct excision and Roux en y hepaticojejunostomy. Operative time was not different from other patients who were primarily resectable. None of the patients had any immediate postoperative complications and were discharged after a median postoperative stay of 5 days. None of the four patients had a long-term survival with a median survival of 9 weeks (7-12 weeks). All patients presented with extensive metastasis.

Conclusions: Resection in metastatic GBC patients who became resectable after chemotherapy does not offer any survival advantage. Although our sample size is too small to make any recommendation. This need further studies from multiple centers to give a more definitive conclusion.