

Gall bladder Adenocarcinoma in a Young Girl

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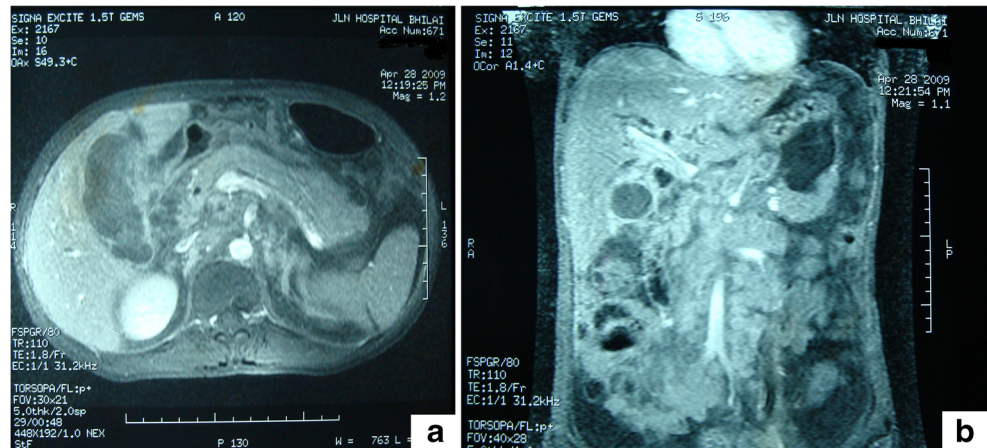
Abstract A 16-year-old girl presented with abdominal discomfort, weakness, and jaundice. General examination revealed deep icterus with hard lymph nodes in left supraclavicular region. On gastrointestinal examination, we appreciated a hard intra-abdominal lump in the right hypochondrium. Biochemical evaluation showed features of obstructive jaundice. Imaging confirmed the presence of gall bladder lump with multiple intra-abdominal lymph nodes. Fine needle aspiration cytology of neck nodes demonstrated metastatic adenocarcinoma. Fine needle aspiration cytology of the gall bladder lump (done under sonographic guidance) confirmed poorly differentiated adenocarcinoma. To the best of our knowledge, malignancy of the gall bladder has not been reported in individuals less than 18 years in India, and only three cases have been reported worldwide in English literature.

Keywords Gall bladder · Adenocarcinoma · Children · India

Clinical Brief

A 16-year-old girl presented with abdominal discomfort of 3-month duration, jaundice since 2 months along with weakness and loss of appetite. Physical examination revealed profound icterus with multiple, discrete, hard lymph nodes palpable in the left supraclavicular region. Gastrointestinal examination revealed globular, hard lump in right hypochondrium which moved with respiration. Ultrasonography (US) showed complex heterogenous mass replacing the gall bladder (GB) and intrahepatic biliary radical dilatation (IHBRD). Magnetic resonance imaging (MRI) demonstrated heterogeneous mass lesion in GB fossa, dilated IHBRD, nodes at porta hepatis,

Fig. 1 MRI abdomen showing mass in GB fossa in **a** transverse section and **b** coronal section



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and multiple discrete as well as conglomerated abdominal lymphadenopathy (Fig. 1). Fine needle aspiration cytology (FNAC) of the left supraclavicular nodes was suggestive of metastatic deposits from adenocarcinoma. US-guided FNAC of the GB lump confirmed poorly differentiated

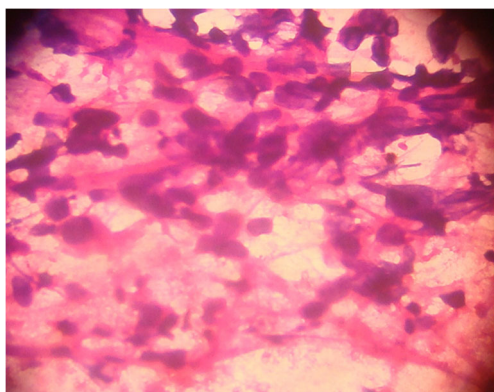


Fig. 2 Microphotograph showing poorly differentiated adenocarcinoma in FNAC from GB lump (haematoxylin and eosin, magnification $\times 100$)

adenocarcinoma (Fig. 2). Our patient did not opt for the palliative treatment which was indicated and offered.

Discussion

Carcinoma gall bladder occurs three times more frequently in women, with the peak incidence seen in the seventh decade [1]. Population-based data reveals that the incidence of GB carcinoma is five to seven per 100,000 women in northern Indian cities [2]. Till date, only three cases of this disease occurring at an early age have been reported in English literature [3–5]. As far as ascertained, this is just the fourth case of

the disease seen in this age group and is probably the first case reported from India. Of the cases, 75–90 % occur in the setting of gall stones but other entities like cholecystoenteric fistula, chronic typhoid infection, and anomalous pancreatico-biliary duct junction have also been implicated [1]. Weight loss, anorexia, jaundice, and a palpable mass are signs of advanced disease [1]. US, CT scanning, and MRI help in diagnosis and staging of the disease. Percutaneous biopsy is indicated only in unresectable cases and yields an accuracy of nearly 90 % [1]. However, majority of patients present at an advanced stage and should be offered palliative therapy.

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