

PP 25: Is the routine histological examination of cholecystectomy specimens justifiable?

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Introduction: It is a routine practice in our hospital to send all cholecystectomy specimens for the histopathological analysis regardless of visible or palpable macroscopic abnormality.

Objective: To assess the safety of selectively examining the histopathology of gallbladders with clinical features suggestive of cancer.

Method: A retrospective analysis on cholecystectomies performed from 01-01-2006 to 01-01-2008 in the National Hospital of Sri Lanka was conducted. Computerized histopathological reports and patient notes were studied.

Results: A total of 490 cholecystectomy specimens had been sent for histopathological analysis. Thirteen had been removed as part of another procedure. Chronic cholecystitis was found in 411(88.8%) gallbladder specimens. In 34 (7.1%), changes were compatible with acute cholecystitis. There were 4 (0.8%) primary gallbladder carcinomas (GBC). Two of them had been suspected preoperatively. In one patient the diagnosis had been suspected during surgery. In the other patient, the gallbladder had to be removed piecemeal due to multiple adhesions.

Conclusions: GBC was found in 0.8% of specimens. GBC was diagnosed with the combination of preoperative ultrasound and intraoperative examination in all cases. Any early lesion missed by these methods would have been successfully treated by the cholecystectomy alone. Any patient with a suspicion of GBC, either preoperatively or intra-operatively should have the gallbladder sent for histology. A more selective approach to gallbladder histology is needed to save unnecessary processing time, reporting time and valuable economic resources.