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Histopathological analysis of Cholecystectomy specimens

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Introduction: Laparoscopic or open cholecystectomy is the treatment for symptomatic gallstones. It is a routine practice in our hospital to send the gallbladders removed for histopathological analysis regardless of visible or palpable macroscopic abnormality.

The main aim of histological assessment is to detect primary gallbladder carcinoma which is rare. This increases the workload of the histopatologists and the cost of processing specimens.

Objectives: The study was conducted to assess whether it would be safe to adopt a policy of processing only gallbladders with features suggestive of cancer.

Method: A retrospective analysis of 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 the histopathological analysis. Thirteen had been removed as part of another procedure. Out of the patients who had only cholecystectomy, chronic cholecystitis was found in 411 (88.8%) and 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: The majority of specimens revealed chronic cholecystitis with only 4 cases being diagnosed as GBC. All but one had been suspected preoperatively and/or intra-operatively. Patients, in whom GBC is suspected either preoperatively and or intra-operatively only, may need histological examination. This could save unnecessary processing time, reporting time and valuable economic resources.