

Adenosquamous Carcinoma of the Gallbladder: A Case Report**Damiris K, Seltzer E, Galan M, Ahlawat S****Introduction:**

Gallbladder carcinoma (GBC) is a rare, lethal malignancy in the western world. Most cases consist of adenocarcinoma, with adenosquamous carcinoma accounting for only 2-10% of all cases. While much remains unknown about the disease, it is thought to present at a later stage. This case reports a rare subtype of GBC presenting as non-remitting abdominal pain and weight loss.

Case presentation:

An 85-year-old African American male with history of chronic pancreatitis, HTN, DVT/PE presented with history of abdominal pain that originated in the RUQ and progressed to involve most of the abdomen. Over the past 10 months he lost over 30 pounds and felt generalized weakness with loss of appetite. He denied fevers, chills, nausea, vomiting and constipation. Examination showed a cachectic-appearing man with bi-temporal wasting. Abdominal palpation showed diffuse tenderness, greater in the RUQ, and a firm palpable mass in the RLQ. Bowel sounds were present and there was no evidence of ascites. His hemoglobin was 10.3, and his alkaline phosphatase 167. Abdominal/pelvic CT demonstrated a distended GB containing a heterogeneous mass measuring 4.8 x 6.1 cm (Figure 1). RUQ ultrasound showed a heterogeneous hypoechoic mass containing internal flow, along with shadowing calculi at the neck (Figure 2). Gross pathology post cholecystectomy demonstrated an 11 x 8 x 5 cm exophytic mass distending the GB lumen, along with additional small exophytic masses. Histopathology (Figure 3) showed invasive poorly- differentiated adenosquamous carcinoma, invading the perimuscular connective tissue without serosal involvement (pT2a). Lymphovascular involvement was also noted.

Discussion:

Compared to the more common adenocarcinoma of the GB, squamous carcinomas have been found to present at a later stage, with neighboring organ involvement and potentially a worse prognosis due to rapid growth. Adenosquamous carcinoma in particular has been shown to present with high grade pathology and aggression, accounting for its poor prognosis despite surgical intervention.



Figure 1: Axial CT scan image showing distended gallbladder with heterogeneous mass within.

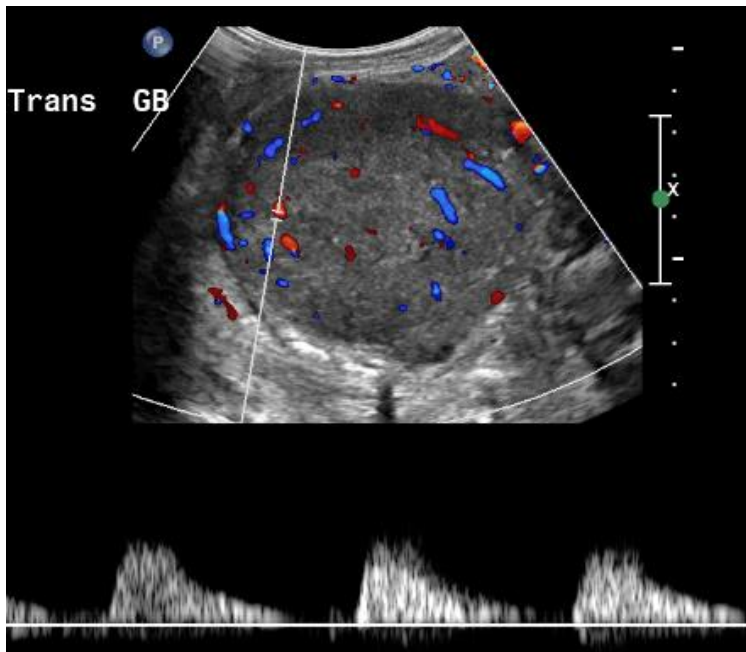


Figure 2: RUQ ultrasound showing gallbladder mass with internal blood flow.

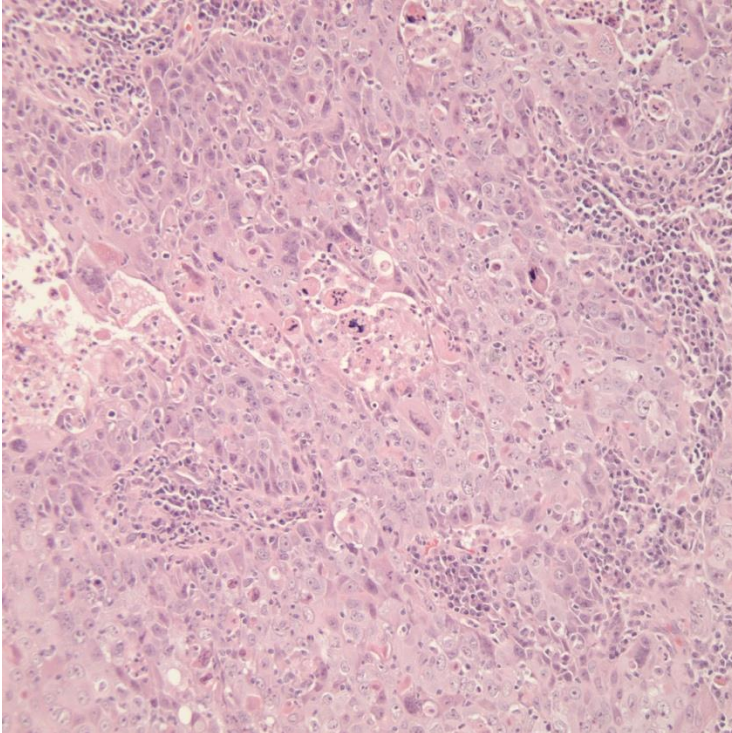


Figure 3: The tumor shows largely squamous cell features. However, the presence of high-grade glandular dysplasia in the lumen, as well as an equivocal immunostaining pattern, are more consistent with adenosquamous carcinoma.