Isolated Scapular Metastasis in a Patient with Gallbladder Carcinoma: Case Report

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Abstract: Carcinoma of the gallbladder is considered a disease with grim prognosis owing to frequent locoregional recurrence despite surgery and poor disease specific and overall survival. It can spread directly, transperitoneally as well as via lymphatics, vessels and nerves. Distant spread to almost every organ is described and indicates a very late stage in the course of disease. Hence, evaluation for distant spread is not routinely considered if the disease is confined to locoregional area. We report a case of apparently locally confined Carcinoma gallbladder which manifested with osseous metastasis.

Keywords: Carcinoma gallbladder, skeletal metastasis, scapula, adenocarcinoma, Tc 99m labelled scan.

INTRODUCTION

Gallbladder carcinoma is a very common malignancy among women in North India [1]. The disease most commonly spreads by direct invasion and lymphatic route. The incidence of the latter varies from 35 - 75 % [2]. Distant metastasis is usually by means of haematogenous spread. Anminski, in his excellent review of the various series in the world literature, reported that metastasis has been reported to virtually every organ in the body which has been corroborated by other authors [3-5]. The spread to various distant organs, although vascular in aetiology, probably occurs in the late stages of the disease via the systemic and retroperitoneal veins and is till recently thought to have little or no surgical significance. We are reporting here a case of otherwise resectable carcinoma gallbladder which presented with painful osseous metastasis.

CASE REPORT

A 40 year old lady presented with history of dyspeptic symptoms and dull aching, continuous pain in the back for one year. History of significant anorexia and weight loss was forthcoming. Examination revealed a fixed, hard mass 8 x 7 cms in size, in the left scapular area (Fig. 1). Breast and thyroid examination was unremarkable. Abdominal examination revealed a hard, palpable gallbladder mass. Abdominal imaging with Ultrasound and MRI revealed a mass in the fundus and body of the gallbladder with cholelithiasis. Radiographs revealed a lytic lesion in the left scapula (Fig. 2). A Tc99m labelled bone scan revealed intense uptake of radiolabelled agent in the left scapular area (Fig. 3). Fine needle aspiration cytology from the scapular lesion revealed adenocarcinoma (Fig. 4). In view of disseminated disease, the patient was offered palliative chemoradiation. However, as neither the patient nor her relatives were consenting for the same, she was discharged at her personal request.

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DISCUSSION

It is unusual for patients with otherwise resectable carcinoma gallbladder to present with painful osseous metastasis. Though radiograph and bone scan was suggestive of the nature of the lesion, the diagnosis of metastasis was confirmed by aspiration cytology from the mass. A review of literature revealed that cases of extra abdominal spread of gallbladder cancer to the skull, vertebral column, iliac crest, femur, orbit, skin, CNS and heart have been reported in cases of unresectable carcinoma gallbladder. However, metastasis to the scapula, in a case of resectable carcinoma gallbladder, has been reported for the first time.

CONCLUSION

Carcinoma gall bladder is often associated with a dismal prognosis owing to increased propensity for metastasis by multiple routes. Early hematogenous spread can occur via retroperitoneal veins and render it incurable.

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REFERENCES