



## A Rare Malignant Tumor of Gall Bladder

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### Image Article

Volume 5 Issue 1

Received Date: October 15, 2020

Published Date: January 25, 2021

DOI: 10.23880/cprj-16000127

### Introduction

A 35 yrs old lady presented with abdominal pain and loss of appetite. LFT, RFT and other Lab investigation were within normal limits. USG findings showed mass in GB with

multiple para aortic nodes. Liver was unremarkable. CA 19.9 and CEA were within normal limits. Radical Cholecystectomy was done (Figures 1-5).

Following are the images.

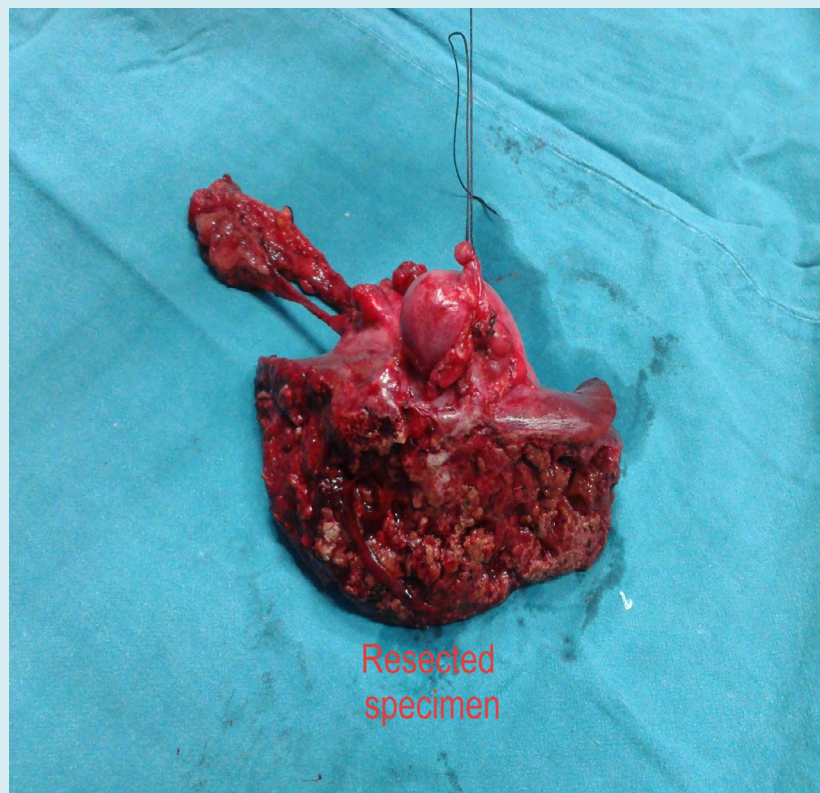
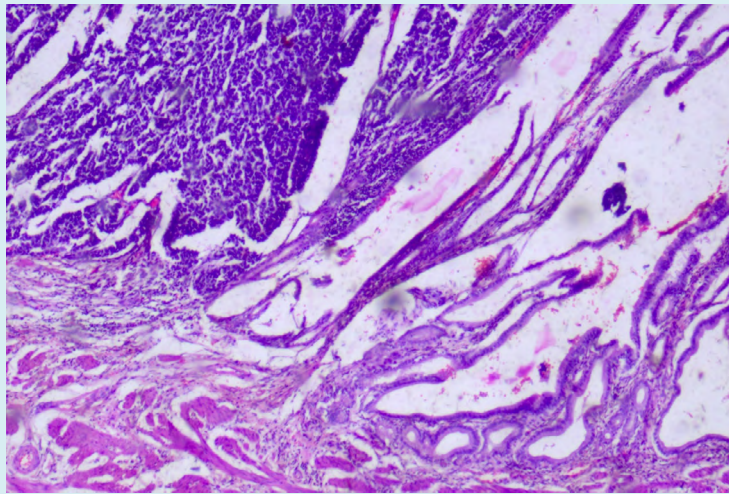


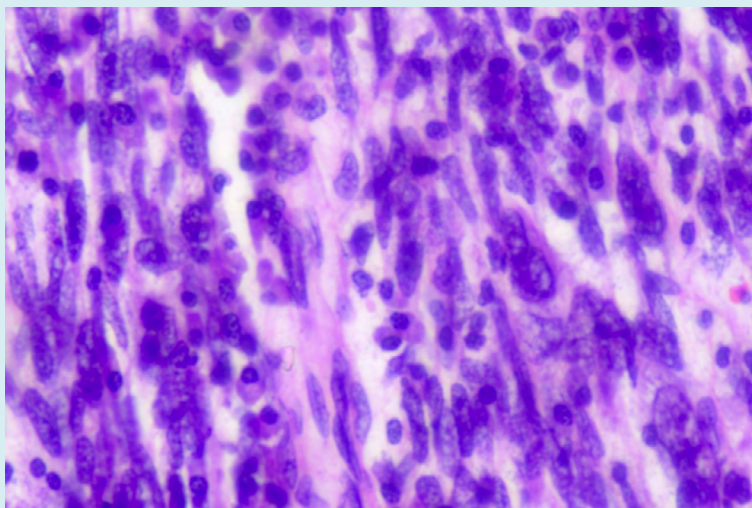
Figure 1: Resected specimen.



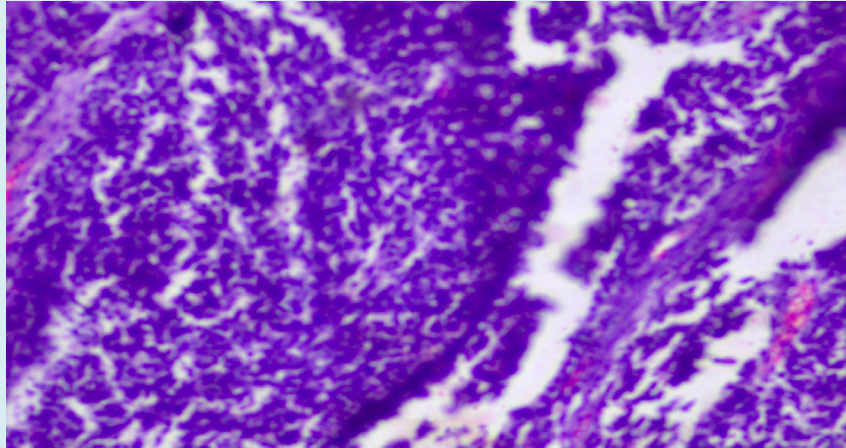
**Figure 2:** Gross image showing polypoidal growth.



**Figure 3:** Microscopy image, H&E, 20X, showing infiltrating malignant glands.



**Figure 4:** 40X, H & E, pleomorphic malignant spindle cell.



**Figure 5:** 40X, H&E, neuroendocrine differentiation.

## Diagnosis

### Microscopic Description

- This is an undifferentiated malignant neoplasm showing carcinoma (approximately 20%), sarcomatous (approximately 70%) and neuroendocrine differentiation in 10%

### Immunohistochemistry

- Carcinomatous area are immunopositive for Pancytokeratin, Synaptophysin and ChromograninA
- Sarcomatous area immunopositive for SMA, Desmin (in area with rhabdoid differentiation)), Vimentin
- Both the component are immunonegative for Glypican

III, SALL4, CD 117 and PLAP.

- ki 67 proliferation index, high 75-80%.

### Diagnosis

- Undifferentiated malignant neoplasm with carcinomatous, areas of neuroendocrine carcinoma and sarcomatoid area with heterologous elements (Leiomyosarcoma and rhabdomyosarcoma)
- Rare and aggressive tumor
- Difficult to differentiate from adenocarcinoma preoperative
- CA19.9 is normal or mildly increased compared to disease burden
- Surgery is only treatment if the disease is confined
- Prognosis is very poor

