

## Soft-tissue case 37. Diagnosis

### Recurrent gallbladder carcinoma along the laparoscopic cholecystectomy port track

Even with thorough preoperative evaluation approximately 15% to 30% of gallbladder carcinomas are detected incidentally at microscopic review of cholecystectomy specimens. Tumour recurrence along port tracks is a potential complication of laparoscopic cholecystectomy when gallbladder carcinoma is present, even after subsequent hepatic resection is performed for attempted cure.

Recurrences appear as a new or enlarging abdominal wall mass, often involving subjacent omental fat, and may be the only site of recurrent disease found on computed tomography.<sup>1</sup>

In a study of 50 patients by Kumar and Aggarwal,<sup>2</sup> a preoperative clinical

diagnosis of gallbladder carcinoma was made in less than half the patients with histopathological proof of gallbladder carcinoma. Similarly, Shirai and colleagues<sup>3</sup> examined 241 consecutive patients with gallbladder carcinoma; only 102 (42%) of these patients had their disease diagnosed correctly preoperatively. The rate of gallbladder rupture at removal from the abdomen during laparoscopic cholecystectomy has been reported as high as 33%.<sup>4</sup> It has been suggested that the wound site has increased capillary formation and thus provides an ideal milieu for tumour implantation. The importance and high frequency of this problem underscore the need for extensive, detailed preoperative work-up to identify gallbladder carcinoma since such a finding will substantially affect surgical planning.

### References

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4. Fitzgibbons RJ Jr, Annibali R, Litke BS. Gallbladder and gallstone removal, open versus closed laparoscopy, and pneumoperitoneum [review]. *Am J Surg* 1993;165:497-504.

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