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Research Article

SIGNS AND SYMPTOMS OF GALL BLADDER CANCER

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Abstract:

Objective: The aim of this study is to check the medical profile of the patients suffering from cancer of gall bladder.

Methodology: The design of this research work is retrospective. The duration of this research work was from February 2015 to January 2019. In this duration of this study, we reviewed the data of all the 66 patients suffering from the cancer of gall bladder.

Result: There were total 66 patients in this research study in which 74.90% (n: 49) patients were females and 25.80% (n: 17) patients were males. Female patients outnumbered the male patients. Sixty-three percent -patients (n: 42) were in the age group of fifty-one to seventy years. Seventy-eight percent (n: 52) appeared in the advance stage of the disease. The most important noted symptom was severe pain linked with vomiting, nausea and anorexia. The most important signs were jaundice, obvious mass & hepatomegaly. Ninety-seven percent (n: 64) patients were available with adeno-carcinoma.

Conclusions: The occurrence of cancer of gall bladder is very high among female patients in this research work. Most of these females were spending their 5th and 6th decade of life. The cancer of gallbladder displayed relationship with the presence of gallstones & seventy-eight percent (n: 52) patients appeared with advance stage of the disease.

KEY WORDS: Gallstone, Cancer, Outnumbers, Symptoms, Jaundice, Anorexia, Nausea, Vomiting.

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INTRODUCTION:

Gall bladder carcinoma (GBC) is very common tumor with malignancy of biliary tract. This is the 5thmost frequent cancer of the tract of digestive route [1]. In the countries of Europe and United States of America, gall bladder carcinoma is not very common responsible for less than 2.0% of all the cancer occurred yearly. There is a report of 6 to 7 thousand new patients of gall bladder carcinoma every year in Unites States of America [2]. In some regions of the world, this complication is very common. It is also very frequent in some ethnic group like American Indians & Hispanics [2]. The causes of these variations based on geography and ethnicity for the cancer of biliary tract are not obvious, but few non-obvious risk factors of environment are or a genetic vulnerability can be the reason of this complication [3]. In one research study, gall bladder carcinoma was available in 0.10 to 1.0% autopsies [4].

The rates of tumor of gall bladder are very high in our country Pakistan in comparison with frequencies in other countries as Bangladesh, Turkey & Iran [5]. In the same manner, this cancer is most life-threatening in the females of Chile [6]. There is a report of same prevalence in Bolivia & Mexico. The most common cancer in Thailand is biliary tract cancer [7]. The high incidence of the tumors of gall bladder in females is very obvious. This is the 2nd most frequent complication of gastro intestines in the females of our country Pakistan. Majority of the patients of this disease are the females with greater than fifty years of age and have the availability of gall stones [8]. In addition to the stones of gall bladder, various other risks factors like sex hormones of females, less fiber, pregnancy and use of vitamin A and high utilization of fat can have association with the cancer of gall bladder in direct or indirect manner [9].

In the research work of Mohammad Zarin, he concluded that there is association of this malignancy with the presence of gall stones in ninety-two percent patients and cholelithiasis performed a vital role in this matter [10]. Regardless of this finding, still there is debate on the real association among these two states [11]. It appears to be great danger of gall bladder carcinoma with availability of calcified wall like porcelain gall bladder. There is possibility of relation between infections of typhoid and in the advancement of the cancer of gall bladder and this development is 6 times greater than in healthy

population [12]. Tanaka in his research work concluded that cancer of gall bladder has an association with abnormal high union of ducts of pancreatic & general bile [13].

The adeno-carcinoma was the most common type as detected by histology. This complication may be colloid, papillary, glandular or medullary. It comes into view in papillary type which may have an improved diagnosis in comparison with the form of nodular infiltrate. Sometimes, there is report of carcinoma without any differentiation, carcinoma of the squamous cells, carcinoma present in situ and a combine group of scarcities. Non papillary adenomas are the cause of very rare malignancies particularly big ones greater than 1 centimeter in diameter [14]. The main objective of this research study was to review the medical profiles of the patients suffering from the cancer of gall bladder in our society.

METHODOLOGY:

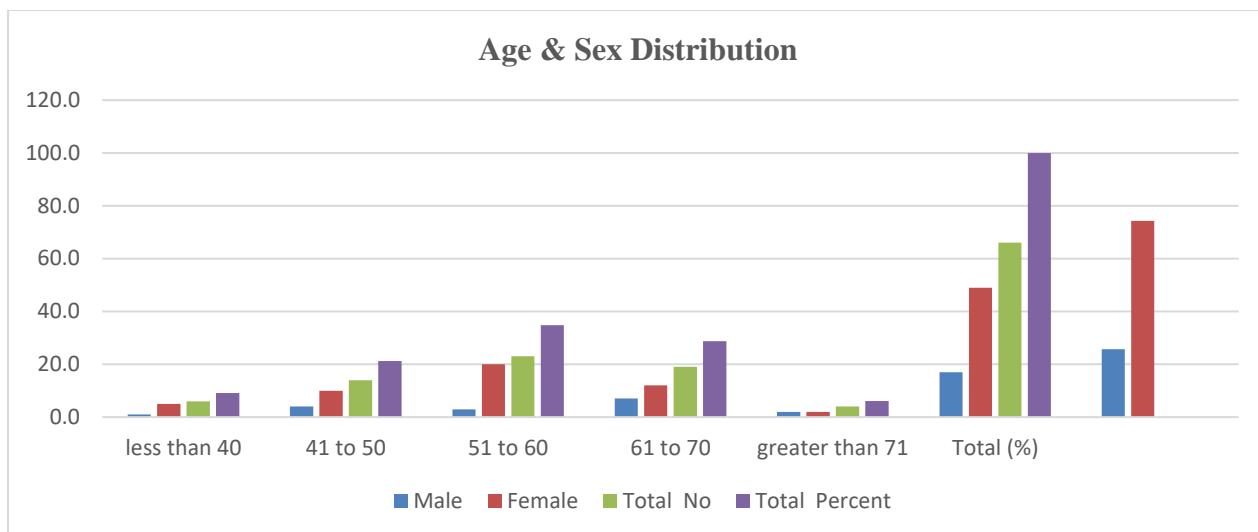
The duration of this research work was from February 2015 to January 2019. We reviewed the medical profiles of 66 patients who visited three different healthcare centers of Lahore. Computerized tomography was compulsory for every patient. Among total sixty-six patients, 74.20% (n: 49) patients were women & 25.80% (n: 17) were male. Most of the patients, forty-two females and fourteen males were in the age group of forty-one to seventy years. The distribution of the age and gender of all the patients is available in Table-1.

RESULTS:

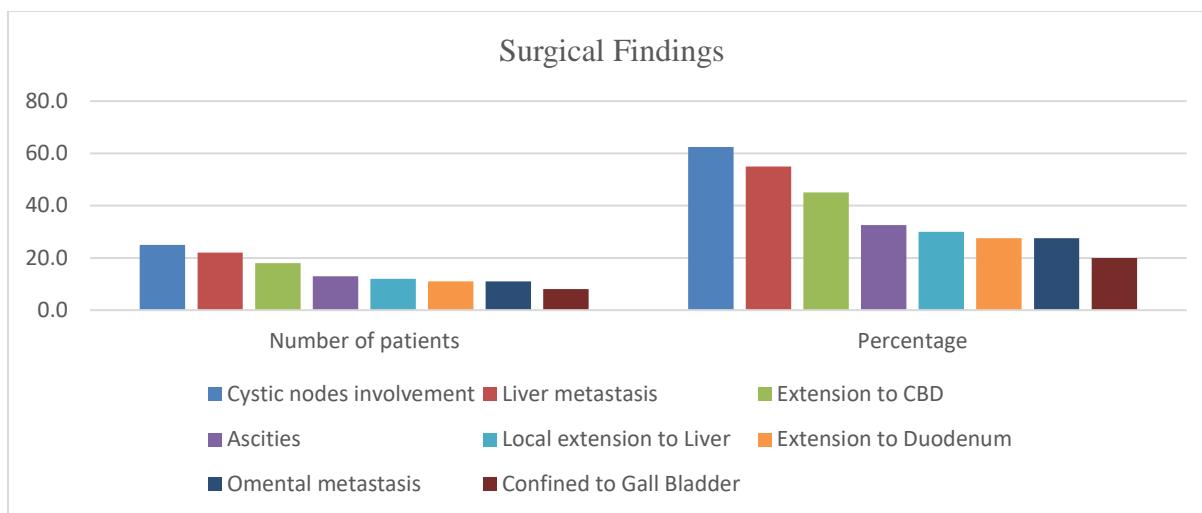
The most important available symptoms were nausea & vomiting in twenty-one percent patients whereas anorexia was available in 50.0% and forty-three percent patients were available with jaundice. The loss of body weight, distention in the abdomen cavity is some important symptoms in majority of patients. Most frequent signs were obvious mass & hepatomegaly in 50.0% patients. We noted the emaciation & cachexia in thirty-eight percent patients. We also concluded the ascites & edema in seventeen percent patients. Main abnormalities of this complications were jaundice present in fifty-two percent patients, cholangitis available in 28.0% patients & encephalopathy was available in eleven percent patients. The findings with the utilization of radiology discovered gallstones in 75.0% patients and mass in 29.0% participants while twenty-seven percent patients displayed dilated CBD & metastasis.

Table-I: Age and Sex Distribution of Patients with Gallbladder Cancer

Age (years)	Male	Female	Total	
			No	Percent
less than 40	1.0	5.0	6.0	9.09
41 to 50	4.0	10.0	14.0	21.21
51 to 60	3.0	20.0	23.0	34.85
61 to 70	7.0	12.0	19.0	28.79
Greater than 71	2.0	2.0	4.0	6.06
Total (%)	No	17.0	49.0	66.0
	Percent	25.75	74.24	

**Table-II: Surgical Findings (n = 40)**

Findings	Number of patients	Percentage
Cystic nodes involvement	25.0	62.50
Liver metastasis	22.0	55.00
Extension to CBD	18.0	45.00
Ascites	13.0	32.50
Local extension to Liver	12.0	30.00
Extension to Duodenum	11.0	27.50
Omental metastasis	11.0	27.50
Confined to Gall Bladder	8.0	20.00



Among total 66 patients, surgery carried out in 60.6% (n: 40) patients. The findings of surgery of 40 patients are available in Table-2. The discovery of aneno-carcinoma carried out with the help of histopathology in ninety-seven percent patients whereas remaining three percent patients were available with carcinoma of squamous cell. We performed the palliative treatment in 60.0% patients and twenty percent patients received chemotherapy. We offered the hormonal therapy or radiation treatment to less than 5.0% patients of this research work.

DISCUSSION:

The gall bladder carcinoma is very dangerous disease and it is the most common disorder of the biliary tract. Mostly, the patients of this disease have no symptoms even in the old stage of their life. Therefore, the establishment of a proper identification is very hard for this disease [15]. Regardless the development in the methods for discovery in initial stage and management of the cancer with the help of surgery, the diagnosis of the patient suffering from primary gallbladder malignant tumor has no improvement and takes to adverse prognosis [16]. Different research works have displayed that cancer of gall bladder is very common in female gender in comparison with male patients [17]. These findings are very much similar to the results of this research work.

This design of the cancer of gall bladder may be because of pregnancies without planning, the production of the gallstones and recurring infection [18]. The outcomes of this research work about the production of gallstones are similar to results of past works which stated that tumor has an association with the presence of gallstones in more than seventy percent patients [19]. In current research work, the gallstones were available in seventy-five percent patients. In this research work, biopsy discovered that ninety-seven percent patients with histopathological outcomes of adeno-carcinoma, which are most

frequent histological kind and associate with the information present about the same topic [20]. General cholecystectomy is not proper treatment method for the patients suffering from the advance stage of the disease, while wide excision is the best choice in those severe cases. In the extreme advance stages of these complications, we can perform only palliative methods of treatment [21]. This is similar with our results.

CONCLUSION:

This research work displayed a very high occurrence of the cancer of gallbladder among females in comparison with males and the relationship of this cancer with the presence of gallstones, which might unfold inflammatory & infective cause of disease. We concluded that cholecystectomy in initial stage for the production of gallstones in the proper way for the prevention of cancer of gallbladder.

REFERENCES:

1. Jafery NA, Zaidi SHM. Cancer in Pakistan. J Pak Med Assoc 1987; 37:178-83.
2. de Aretxabala X, Roa I, Burgos L. Gallbladder cancer: a review. Rev Med Chil 1996;124(6):732-9.
3. Vatanasapt V, Uttaravichien T, Mairiang EO, Pairojkul C, Chartbanchachai W, Haswell-Elkins M. Cholangiocarcinoma in north-east Thailand. Lancet 1990;335(8681):116-7.

4. Ahmad M, Khan AH, Mansoor A. The pattern of malignant tumors in Northern Pakistan J Pak Med Assoc 1991; 41:270-73.
5. Rizvi TJH, Zuberi SJ. Risk factors for gallbladder cancer in Karachi. J Ayyub Med College Abbottabad 2003;15(3):16-8.
6. Zarin M, Ahmed M, Gohar A, Waheed D, Khurram S, Aurangzeb M, et al. Incidence of Gall stones in carcinoma gallbladder patients. Pak J Surg 2005;21(1):19- 22.
7. Misra S, Chaturvedi A, Misra NC. Gallbladder Cancer. Curr Treat Option Gastroenterol 2006;9(2):95-106.
8. Sons HU, Borchard F, Joel BS. Carcinoma of the gallbladder: autopsy findings in 287 cases and review of the literature. J Surg Oncol 1985;28(3):199-206.
9. Rizvi TJH, Zuberi SJ, Maqsood R. Carcinoma of Gallbladder. J Pak Med Assoc 1978; 33-4.
10. Malik IA. Gallbladder Cancer: Current status. Expert Opin Pharmacother 2004;1271-7.
11. Cunningham CC, Zibari GB, Johnston LW. Primary carcinoma of the gall bladder: a review of our experience. J La State Med Soc 2002;154(4):196-9.
12. Welton JC, Marr JS, Friedman SM. Association between hepatobiliary cancer and typhoid carrier state. Lancet 1979; 1:791-6.
13. Kyriacou E. Carcinoma of the gallbladder. J Gastroenterol Hepatol 1999;14(3):215-9.
14. Vitetta L, Sali A, Little P, Mrazek L. Gallstones and gall bladder carcinoma. Aust N Z J Surg 2000; 70(9):667-73.
15. Greenlee RT, Hill-Harmon MB, Murray T, Thun M. Cancer Statistics 2001. Cancer J Clin 2001;51(1):15-36.
16. Tanaka K, Ikoma A, Hamada N, Nishida S, Kadono J, Taira A. Biliary tract cancer accompanied by anomalous junction of pancreaticobiliary ductal system in adults. Am J Surg 1998;175(3):218-20.
17. Kapoor VK, Benjamin IS. Resectional surgery for gall bladder carcinoma. Br J Surg 1998;145-6.
18. Carriaga MT, Henson DE. Liver, gallbladder, extrahepatic bile ducts, and pancreas. Cancer 1995; 75 (1 suppl):171-90.
19. Misra S, Chaturvedi A, Misra NC, Sharma ID. Carcinoma of the gallbladder. Lancet Oncol 2003;4(3):167-76.
20. Cubertafond P, Gainant A, Cucchiaro G. Surgical treatment of 724 carcinomas of the gallbladder. Results of the French Surgical Association Survey. Ann Surg 1994; 219(3): 275-80.
21. Serra I, Calvo A, Sharp A. Gallbladder cancer. Rev Med Chil 1987; 115:706-8.