Mixed Adenoneuroendocrine Carcinoma of the Gallbladder

Ying-Chen Xu*
Department of General Surgery, Beijing Tongren Hospital, Capital Medical University, China

Clinical Image
A 61-year-old woman was evaluated for a 1-week history of right hypochondrium pain. She had no experience in gastrointestinal illness or immunological disease [1]. Computed Tomography (CT) imaging revealed a 6-cm mass with inhomogeneous enhancement and restricted diffusion in the gallbladder fossa (Figure 1 arterial phase and Figure 2 portal phase), which did not invaded the surrounding liver tissue (Figure 3). CT imaging also revealed the dilated common bile duct with no lower obstruction (Figure 1). Pertinent laboratory tests were within reference range. Gallbladder malignancy was considered preoperatively. She underwent radical cholecystectomy, partial liver resection (segments IV b and V), and lymph node dissection around the hepatoduodenal

Figure 1: Arterial phase.

Figure 2: Restricted diffusion in the gallbladder fossa.

Figure 3: Surrounding liver tissue.
composed of two ingredients: large-cell neuroendocrine carcinoma and adenocarcinoma with a transitional mixed section (Figure 6). Immunohistochemically, the tumor was positive for synaptophysin and chromogranin A (Figure 7 and 8). Finally, the diagnosis was Mixed Adenoneuroendocrine Carcinoma (MANEC) of the gallbladder (T2bN0M0/stage II B). She did not receive chemotherapy after operation and she was seen for follow-up visits once every three months [5-7]. Up to now, she had survived free of tumor for 18 months since operation (Figure 9 and 10).

References


