

## Results

CASE: [REDACTED]

PATIENT: BALWINDER KUMAR

CLINICAL DATA: LARGE GB AND OR COLON MASS; CONCURRENT CASE [REDACTED]

SPECIMEN: TERMINAL ILEUM, ASCENDING COLON, GALL BLADDER, SEGMENT OF LIVER AND OMENTUM

DIAGNOSIS:

TERMINEL ILEUM, ASCENDING COLON, GALLBLADDER, SEGMENT OF LIVER AND OMENTUM, RESECTION:

1. POORLY DIFFERENTIATED/UNDIFFERENTIATED CARCINOMA OF GALLBLADDER, 9.2 CM.
2. TUMOR INVADES ADJACENT LIVER, COLON, AND OMENTUM.
3. SURGICAL MARGINS UNINVOLVED.
4. NO LYMPHOVASCULAR INVASION IDENTIFIED.
5. TWENTY-SEVEN PERICOLIC LYMPH NODES, BENIGN, SEE NOTE.
6. UNINVOLVED PORTIONS OF GALLBLADDER WITH CHRONIC CHOLECYSTITIS AND CHOLELITHIASIS.

NOTE: A prior biopsy of the gallbladder mass ([REDACTED]) had demonstrated poorly differentiated carcinoma. This complete excision demonstrates a large tumor involving the fundus of the gallbladder as well as the adjacent liver and colon. On microscopic examination, it is difficult to determine the origin of the tumor, as the adjacent residual gallbladder mucosa as well as the adjacent residual colon mucosa and liver parenchyma do not show precursor dysplasia. However, the clinical impression based on imaging studies was of a gallbladder tumor arising from the fundus, which does correlate with the gross findings.

Furthermore, imaging studies have suggested possible upper abdominal lymph node involvement, which could be expected with gallbladder malignancy, whereas all the pericolic lymph nodes are benign. On microscopic examination, the tumor consists of diffuse sheets of poorly cohesive cells with very scant cytoplasm and vesicular nuclei with prominent nucleoli. No gland formation or other features of differentiation are seen. Immunohistochemistry confirms keratin expression but is otherwise non-specific.