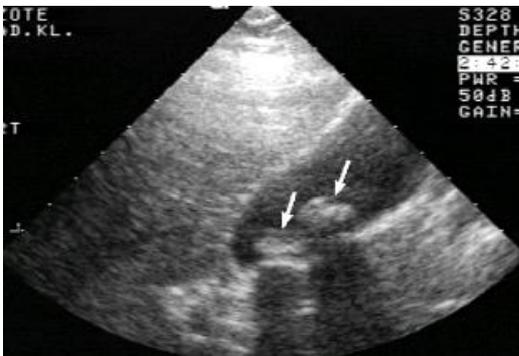


21 a 25 de novembro - 2020

XIXSBAD

evento
online

D I G I T A L



QUANDO REOPERAR CARCINOMA INCIDENTAL DA VESÍCULA BILIAR

Orlando Jorge M. Torres

Serviço de Cirurgia do Aparelho Digestivo
Unidade Hepatopancreatobiliar
Universidade Federal do Maranhão - Brazil

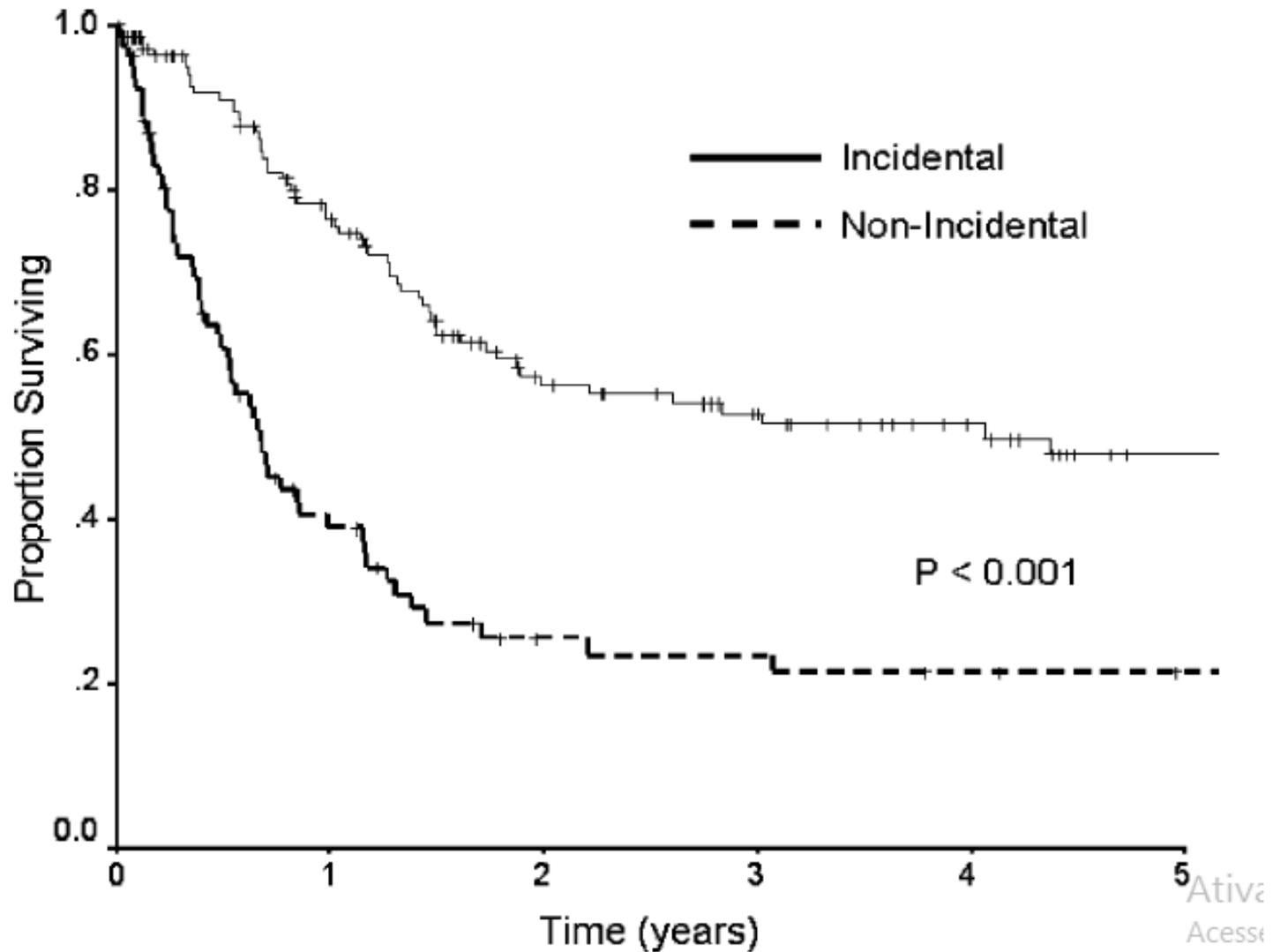
CÂNCER DA VESÍCULA BILIAR



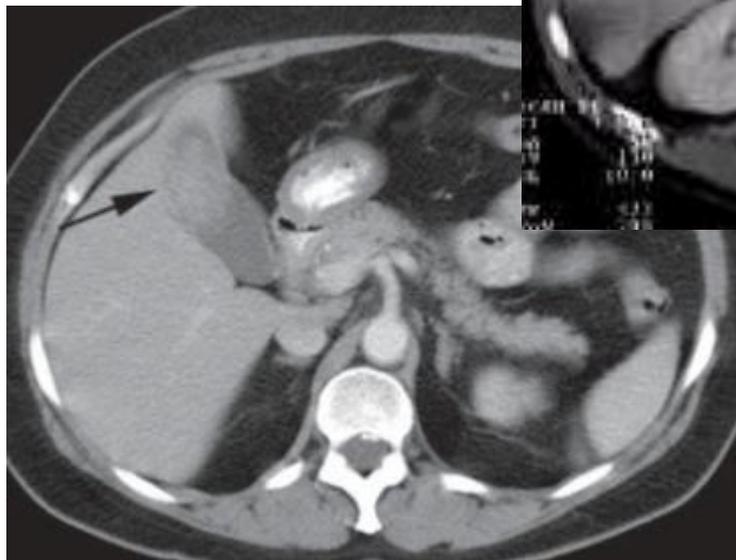
CÂNCER DA VESÍCULA BILIAR

- Suspeitado no pré-operatório
- Achado inesperado durante a colecistectomia
- Descoberto incidentalmente pelo patologista

CÂNCER DA VESÍCULA BILIAR



CÂNCER DA VESÍCULA BILIAR



CÂNCER DA VESÍCULA BILIAR



2/1964, M, 52Y

IDY 1
7/2016
4.36
IMA 2 / 1



26
670.3
09.0
505.0
THIN/CSAMANIPULATED/M
FP/FS
R_270 / 140
ONIO NUNES DEMORAES

HRA

10cm
A
SP A2
SL 5
Cor-Tra(-3.2)-Sag(2.2
W 38
C 19
L-MEDICA



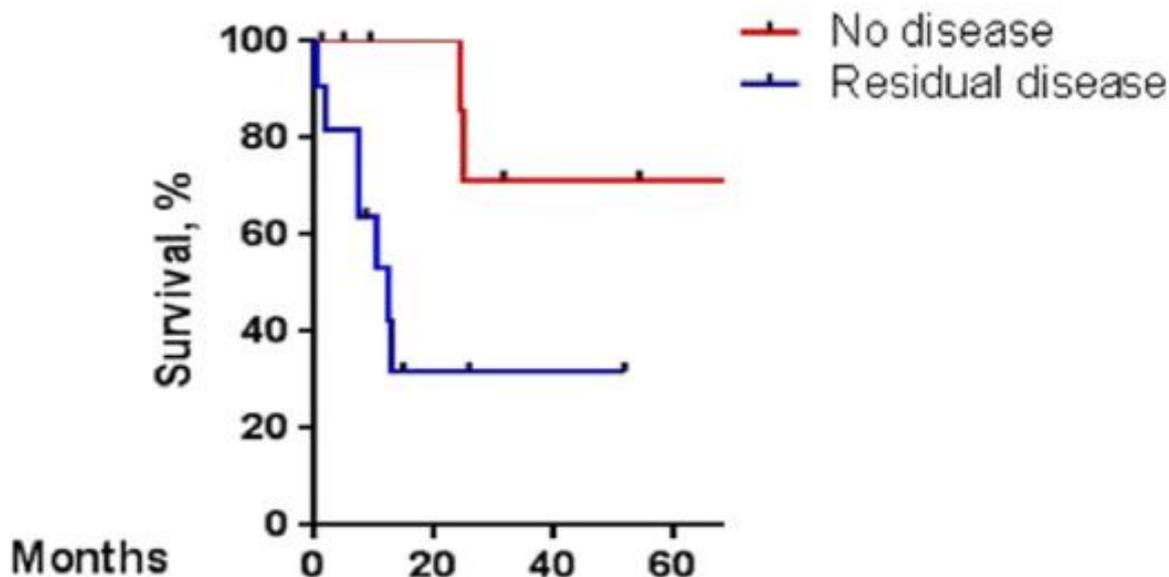
CÂNCER INCIDENTAL DA VESÍCULA BILIAR

A reoperação está associada com melhor sobrevida em 5 anos (41% versus 15%)

ORIGINAL ARTICLE

Does a second resection provide a survival benefit in patients diagnosed with incidental T1b/T2 gallbladder cancer following cholecystectomy?

Henry Watson¹, Bobby Dasari¹, Judy Wyatt², Ernest Hidalgo¹, Raj Prasad¹, Peter Lodge¹ & Giles Toogood¹



INCIDENCIA DE DOENÇA RESIDUAL

Site of Disease After 2nd Surgery	Number of Patients (%)		
	T1 (<i>n</i> =8)	T2 (<i>n</i> =67)	T3 (<i>n</i> =22)
Disease any site	3 (37.5)	38 (56.7)	17 (77.3)
Residual cancer in liver bed	0 (0)	7 (10.4)	8 (36.4)
Metastatic disease in lymph nodes	1 (12.5)	21 (31.3)	10 (45.5)
Common bile duct			



INSPEÇÃO SISTEMÁTICA DA VESÍCULA BILIAR

ORIGINAL ARTICLE

All cholecystectomy specimens must be sent for histopathology to detect inapparent gallbladder cancer

Anil K. Agarwal, Raja Kalayarasan, Shivendra Singh, Amit Javed & Puja Sakhuja

Department of Gastrointestinal Surgery and Pathology, G. B. Pant Hospital and Maulana Azad Medical College, Delhi University, New Delhi, India

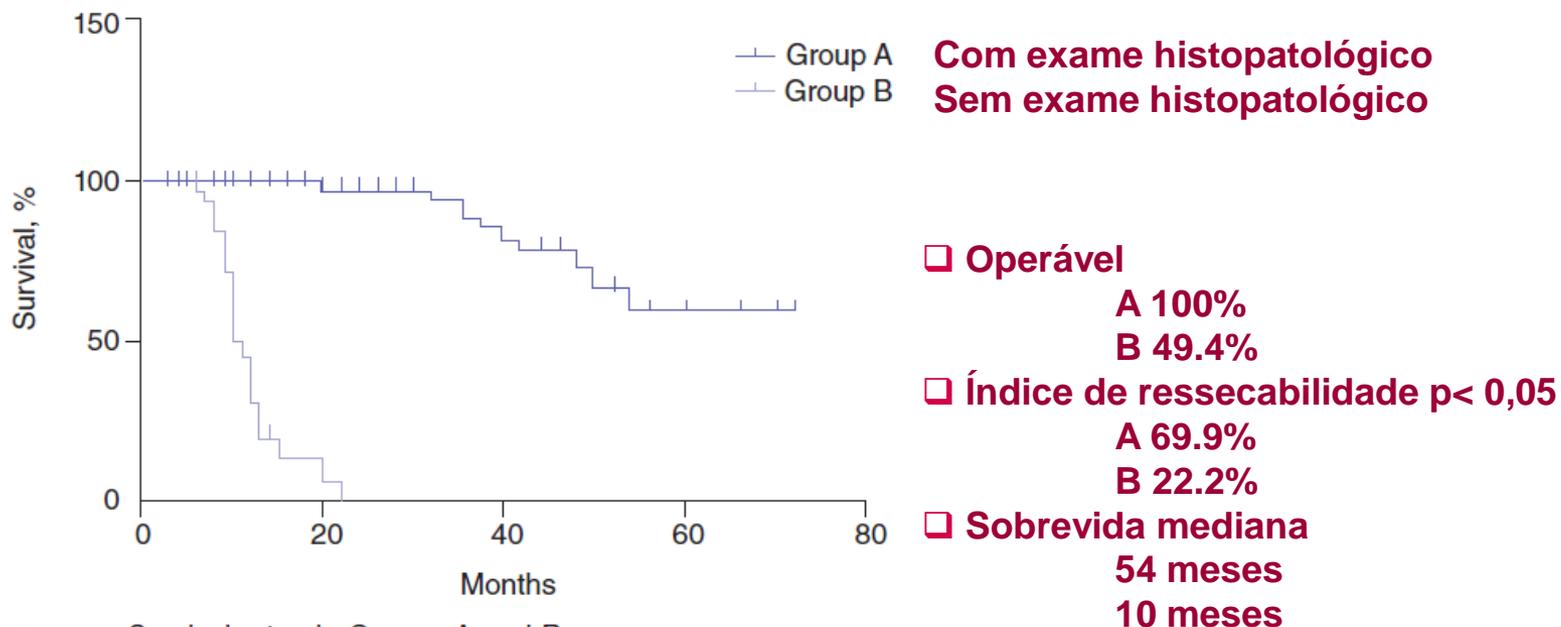
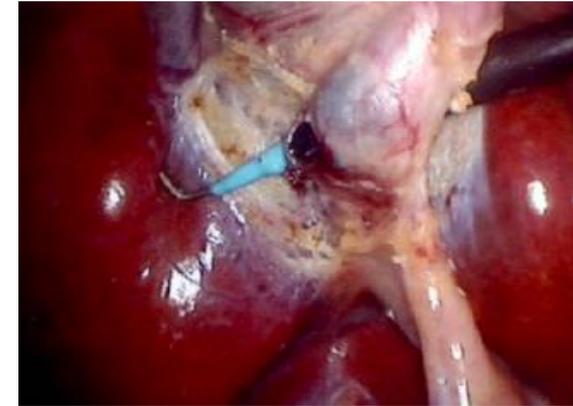
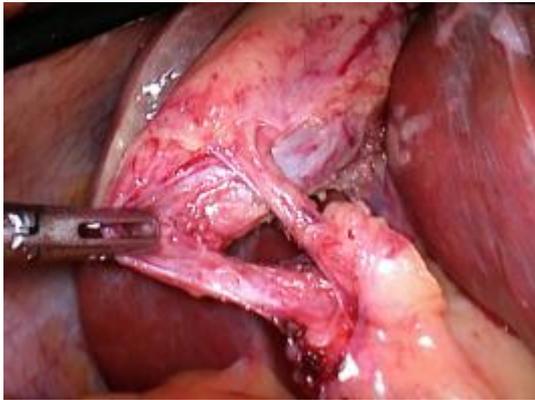


Figure 1 Survival rates in Groups A and B

CARCINOMA INCIDENTAL DA VESÍCULA BILIAR QUANDO REOPERAR?



❑ Informações:

Laparoscópica ou laparotômica?

Fatores de risco (suspeitado)

Colecistite aguda?

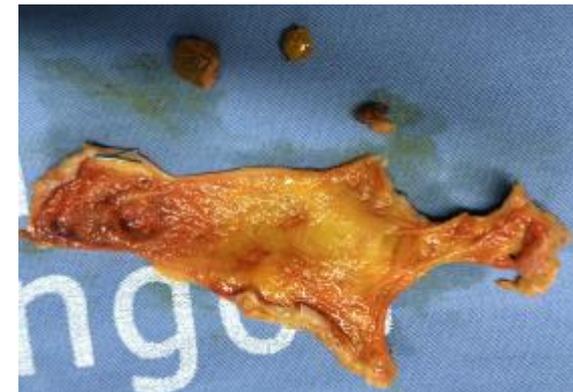
Perfurou a vesícula? (extravasou bile?)

Usou endobag para retirar a vesícula?

Pneumoperitônio foi desinflado com o trocar in situ?

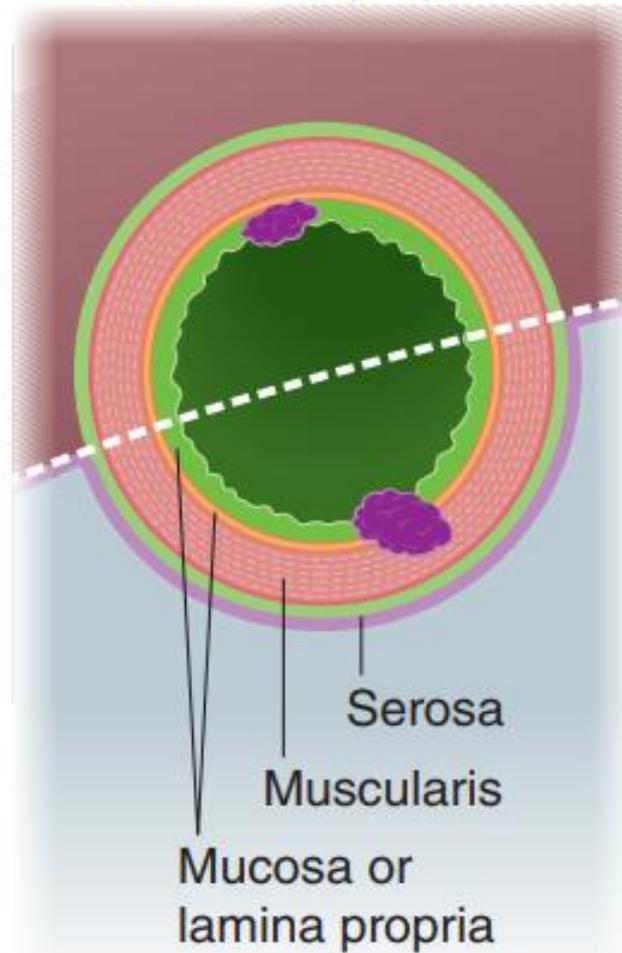
A vesícula foi inspecionada depois de retirada?

Qual a localização do tumor?

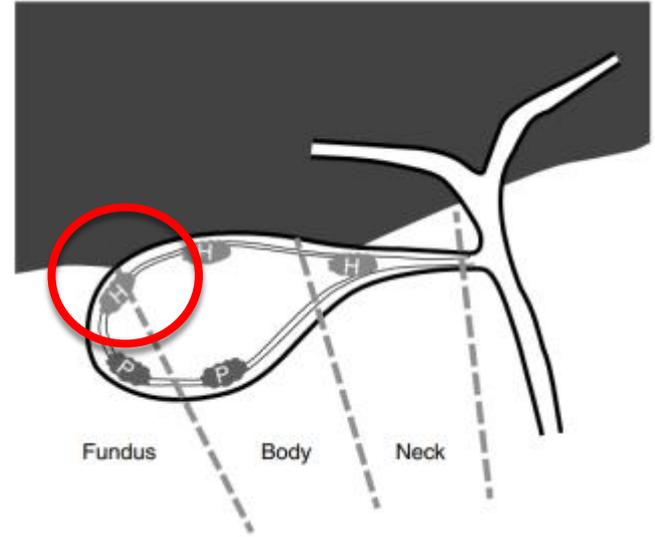
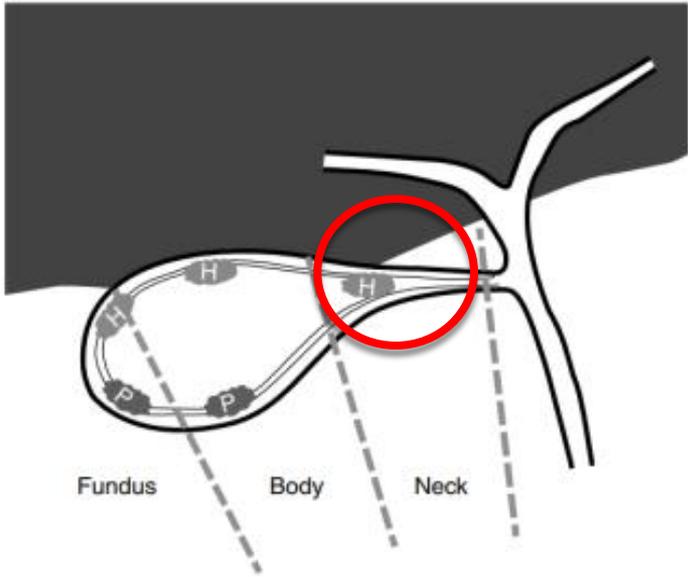


CÂNCER INCIDENTAL DA VESÍCULA BILIAR

T1a: Lamina propria



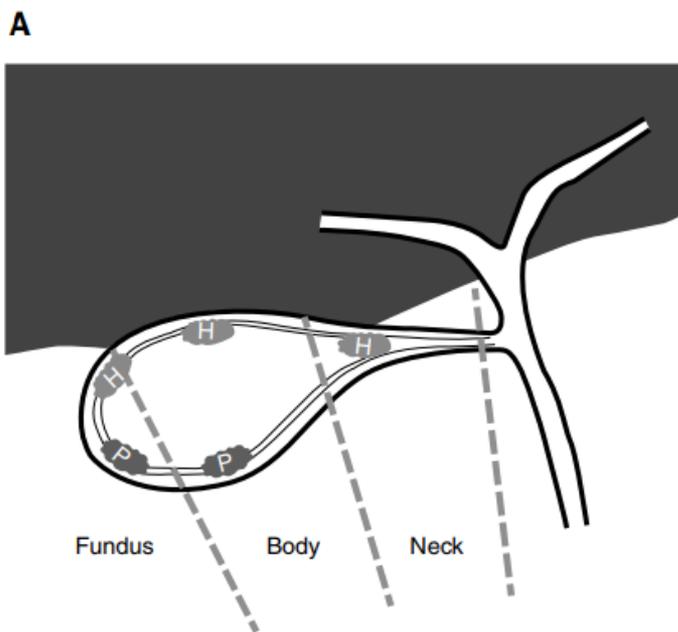
T1b: Muscle layer



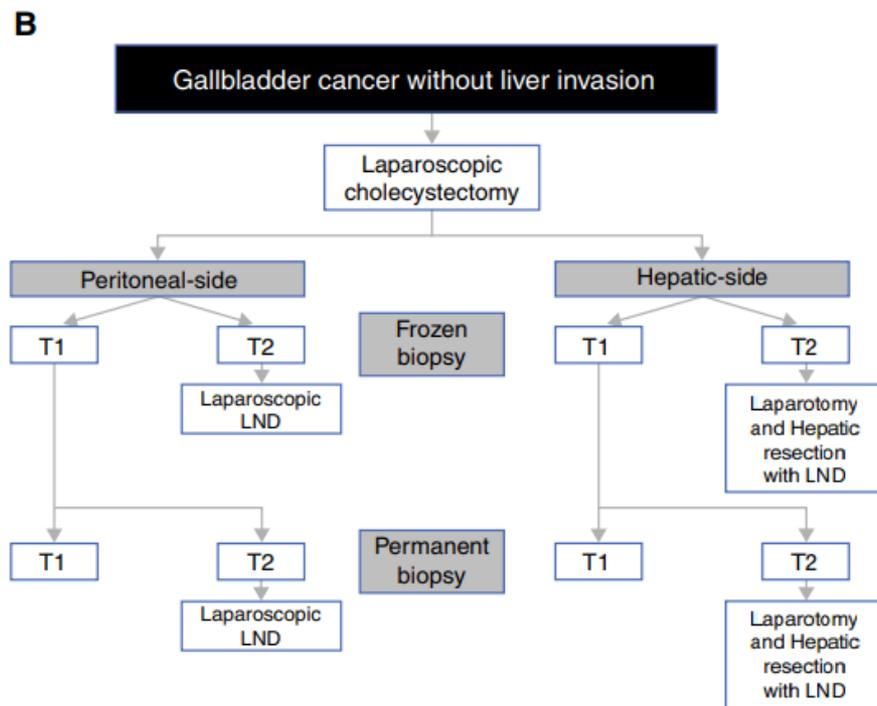
ORIGINAL ARTICLE – HEPATOBILIARY TUMORS

Surgical Strategy for T2 Gallbladder Cancer According to Tumor Location

Huisong Lee, MD¹, Dong Wook Choi, MD, PhD¹, Jin Young Park, MD¹, Sangmin Youn, MD¹, Wooil Kwon, MD¹, Jin Seok Heo, MD, PhD¹, Seong Ho Choi, MD, PhD¹, and Kee-Taek Jang, MD, PhD²



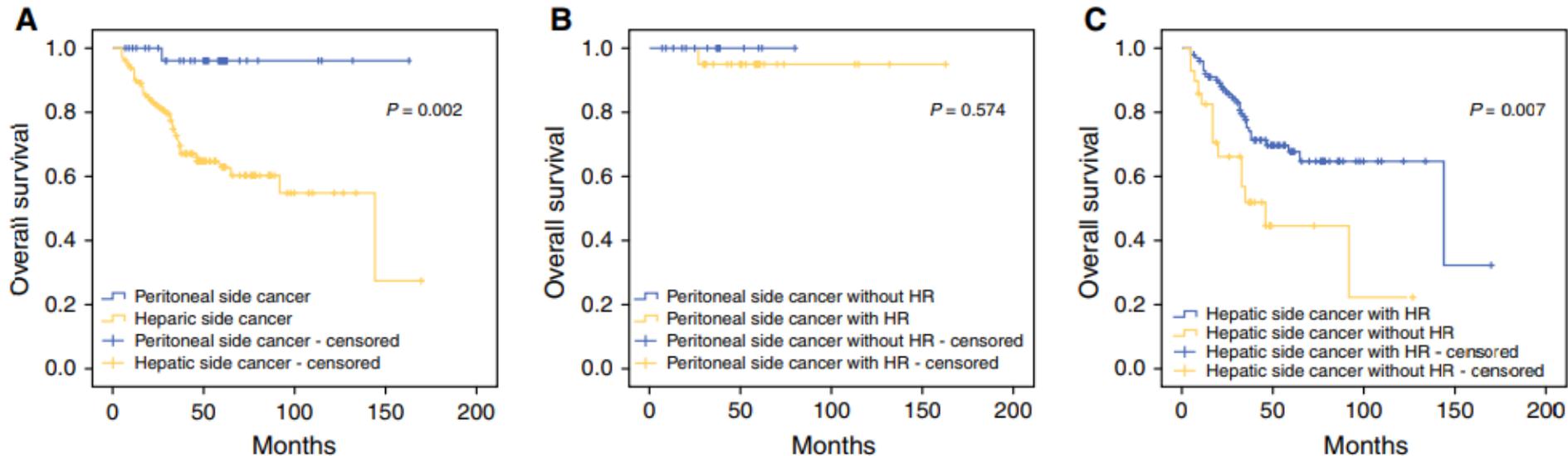
TUMOR LOCATION



ORIGINAL ARTICLE – HEPATOBILIARY TUMORS

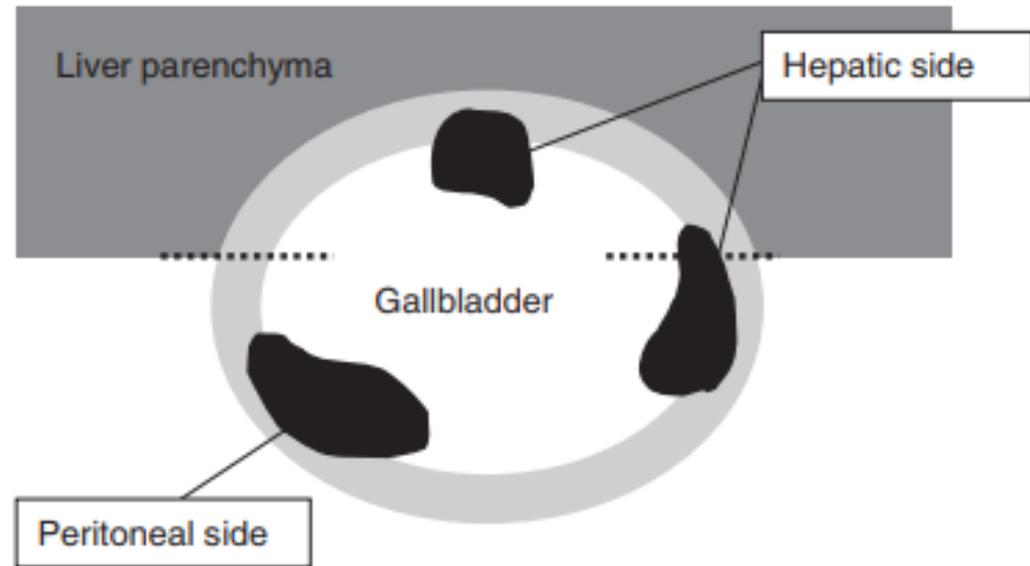
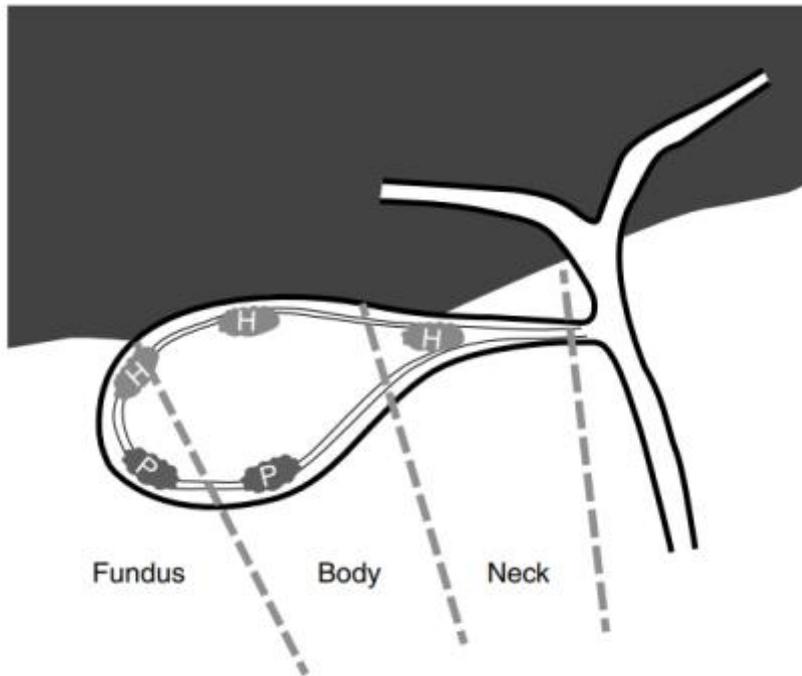
Surgical Strategy for T2 Gallbladder Cancer According to Tumor Location

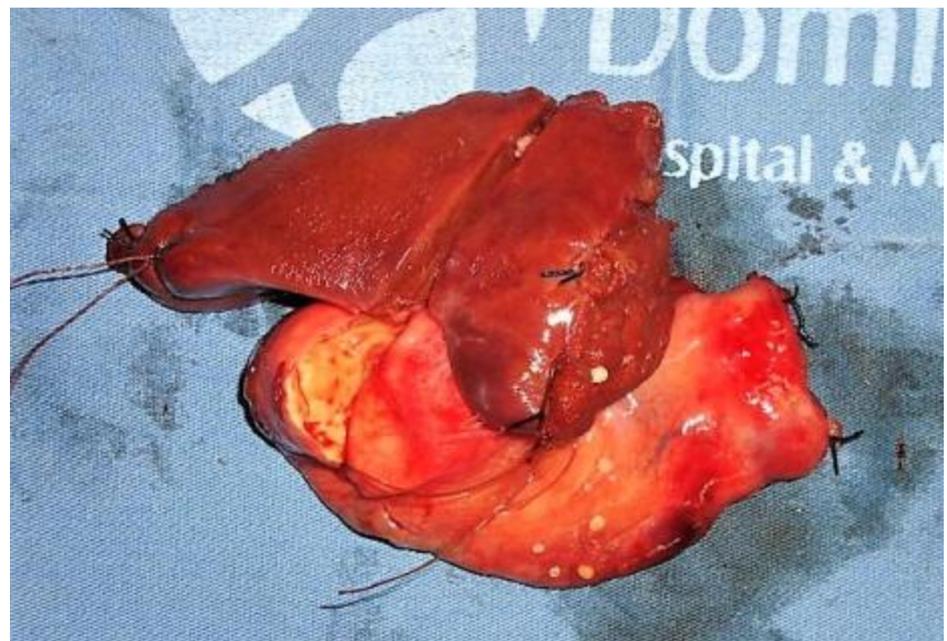
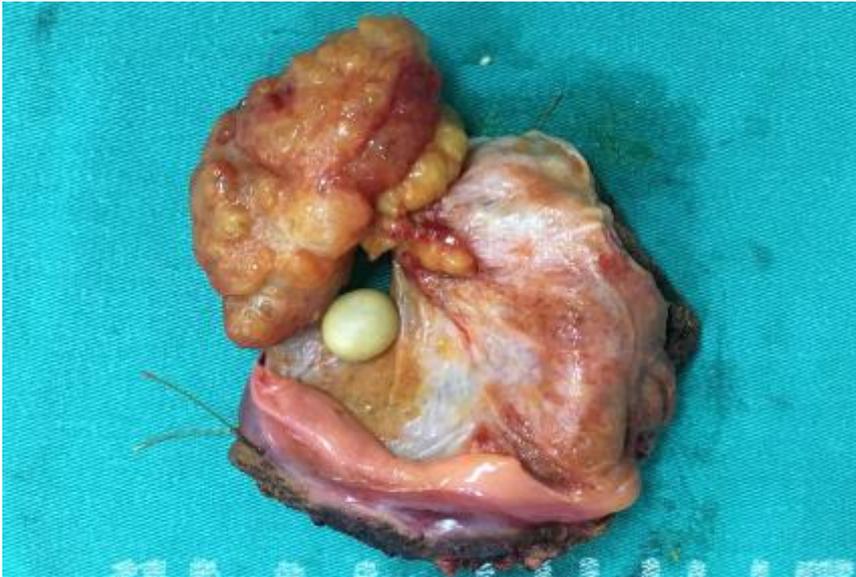
Huisong Lee, MD¹, Dong Wook Choi, MD, PhD¹, Jin Young Park, MD¹, Sangmin Youn, MD¹, Wooil Kwon, MD¹, Jin Seok Heo, MD, PhD¹, Seong Ho Choi, MD, PhD¹, and Kee-Taek Jang, MD, PhD²



TUMOR LOCATION

LOCALIZAÇÃO DO TUMOR





EXTRAVASAMENTO DE BILE

❑ 136 pacientes com câncer de vesícula

❑ Com extravasamento de bile

Sobrevida livre de doença – 20.9 meses

Sobrevida global – 25.8 meses

$p < 0.05$

❑ Sem extravasamento de bile

Sobrevida livre de doença – 71.4 meses

Sobrevida global – 72.6 meses

ESPERAR

Intraoperative bile spillage is associated with worse survival in gallbladder adenocarcinoma

EXTRAVASAMENTO DE BILE

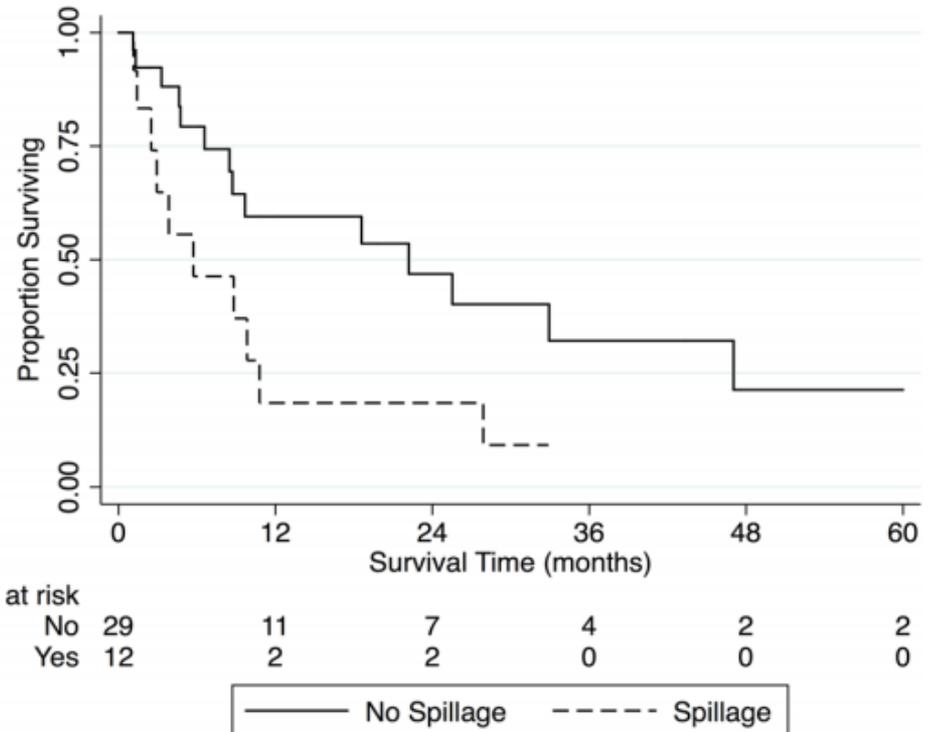
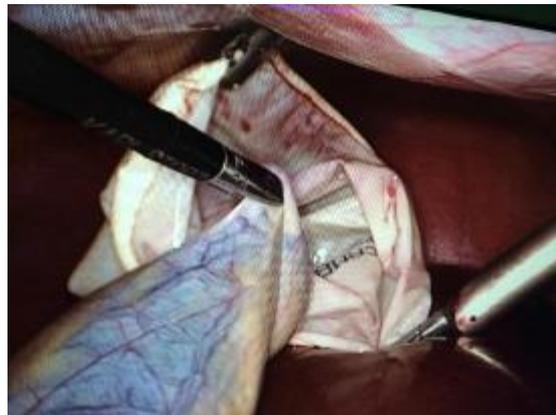


FIGURE 1 Progression-free survival by intraoperative bile spillage; Wilcoxon $P = .038$

Use of Retrieval Bags in Incidental Gallbladder Cancer Cases

Thorsten Oliver Goetze · Vittorio Paolucci

- ❑ Metástase para os portais ocorre em 14-17% dos pacientes dentro dos primeiros 2 anos.
- ❑ O mais importante fator de risco de metástase para os portais é a perfuração da vesícula durante a retirada.
- ❑ Perfuração intraoperatória aumenta a incidência de metástase dos portais de 9% para 40%.



Use of Retrieval Bags in Incidental Gallbladder Cancer Cases

Thorsten Oliver Goetze · Vittorio Paolucci

Table 8 Recurrence rate of laparoscopic patients with versus without perforation of the organ

Laparoscopy (total)	No Perforation	Perforation
<i>n</i> = 330	<i>n</i> = 257	<i>n</i> = 73
Relapse	Relapse	Relapse
<i>n</i> = 98 (30%)	<i>n</i> = 70 (27.2%)	<i>n</i> = 28 (38.4%)

χ^2 and Fisher's exact test, *P* = 0.047

CARCINOMA INCIDENTAL DA VESÍCULA BILIAR QUANDO REOPERAR?

❑ Tomografia com contraste

Linfonodo

Doença peritoneal

Invasão vascular

❑ Ressonância magnética

Envolvimento da via biliar

Invasão vascular

Invasão do parênquima hepático

❑ PET-CT 18-FDG

Metástase peritoneal e/ou omental oculta

Metástase linfonodal

Doença residual no leito da vesícula

Doença no portal

APÓS ADEQUADO ESTADIAMENTO

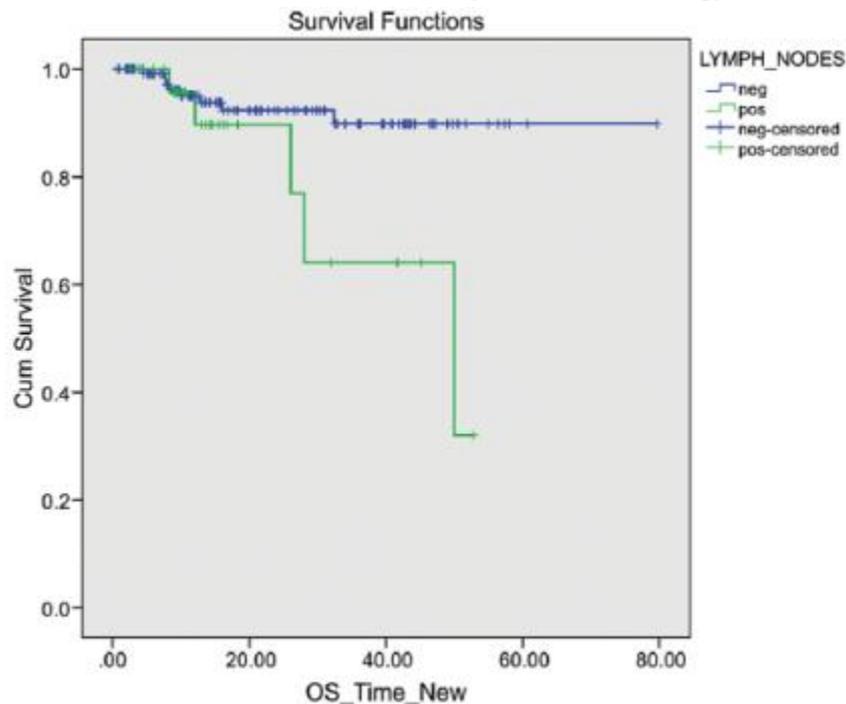
Role of PET CT Scan in Redefining Treatment of Incidental Gall Bladder Carcinoma

MAHESH GOEL, MS,^{1*} ANUP TAMHANKAR, MS, MCh,¹ VENKATESH RANGARAJAN, MD,²
SHRADDHA PATKAR, MS, MCh,¹ MUKTA RAMADWAR, MD,³ AND SHAILESH V. SHRIKHANDE, MS, FRCS¹

¹Gastrointestinal and Hepato-Pancreato-Biliary Surgical Service, Tata Memorial Centre, Mumbai, India

²Department of Nuclear Medicine, Tata Memorial Centre, Mumbai, India

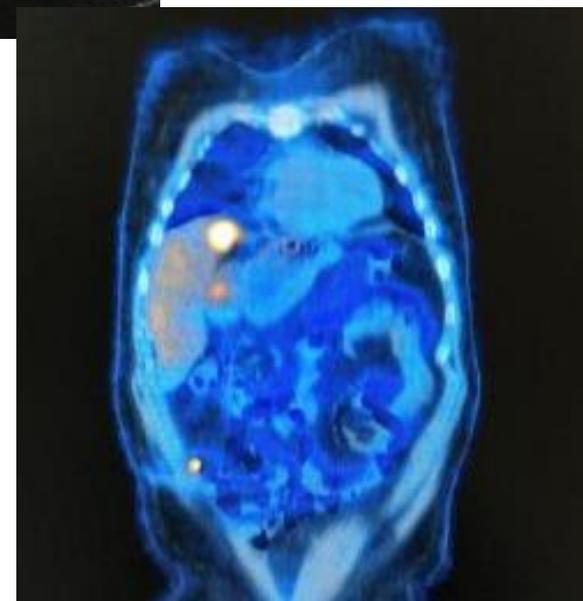
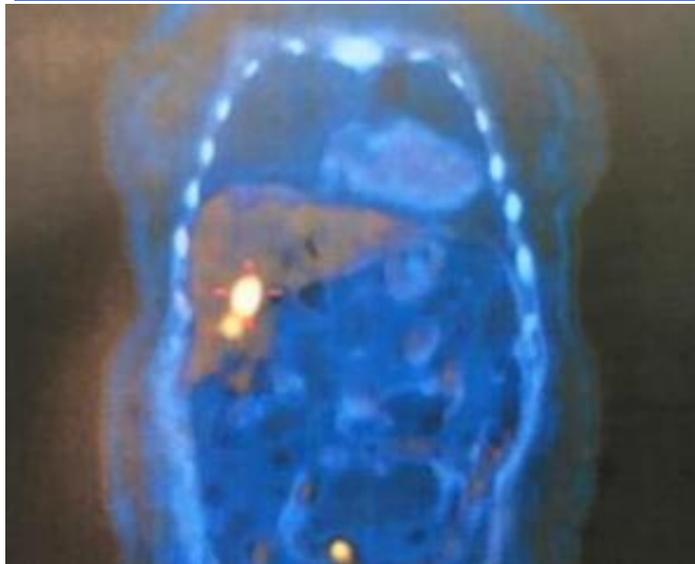
³Department of Pathology, Tata Memorial Centre, Mumbai, India



□ PET-CT

Estratificar o paciente
Evitar cirurgia em pT1b
Quimioterapia em pT2

ESTADIAMENTO



□ PET-CT

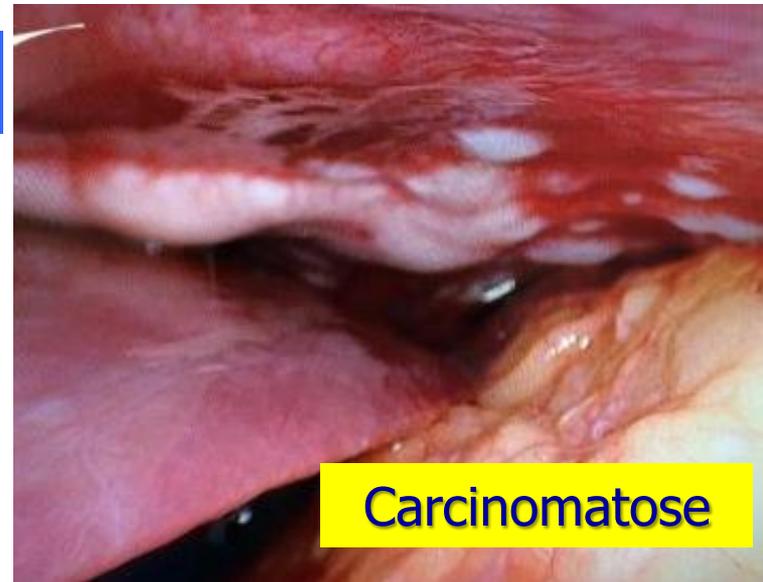
Metástases

Linfonodos

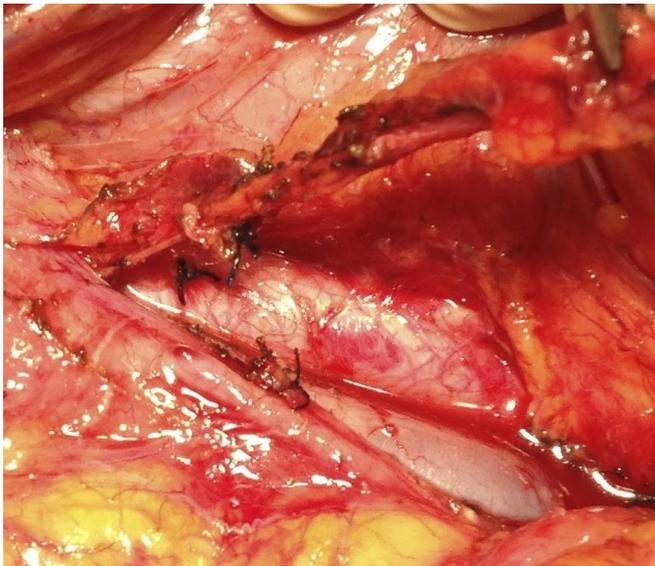
Doença residual no leito da vesícula

Doença no portal

ESTADIAMENTO LAPAROSCÓPICO

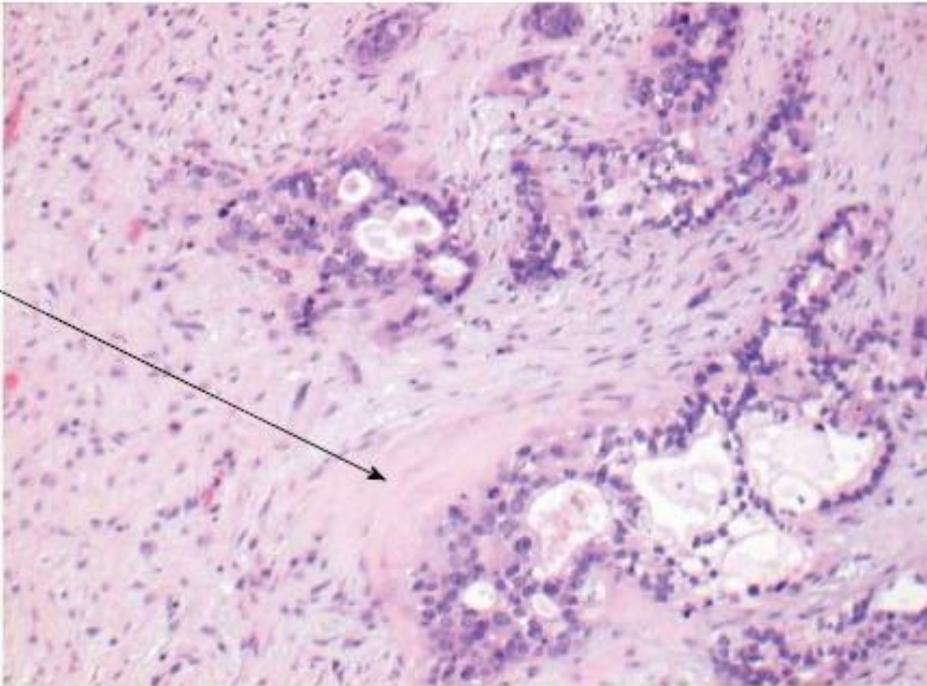


❑ Frozen section of lymph node 16b1

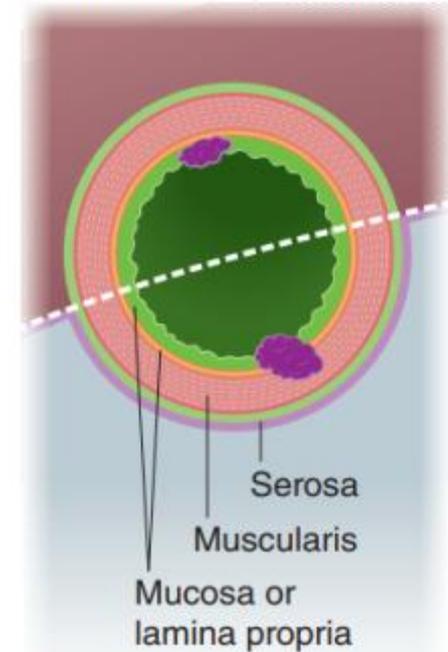


CÂNCER INCIDENTAL DA VESÍCULA BILIAR

REOPERAÇÃO



T1a: Lamina propria

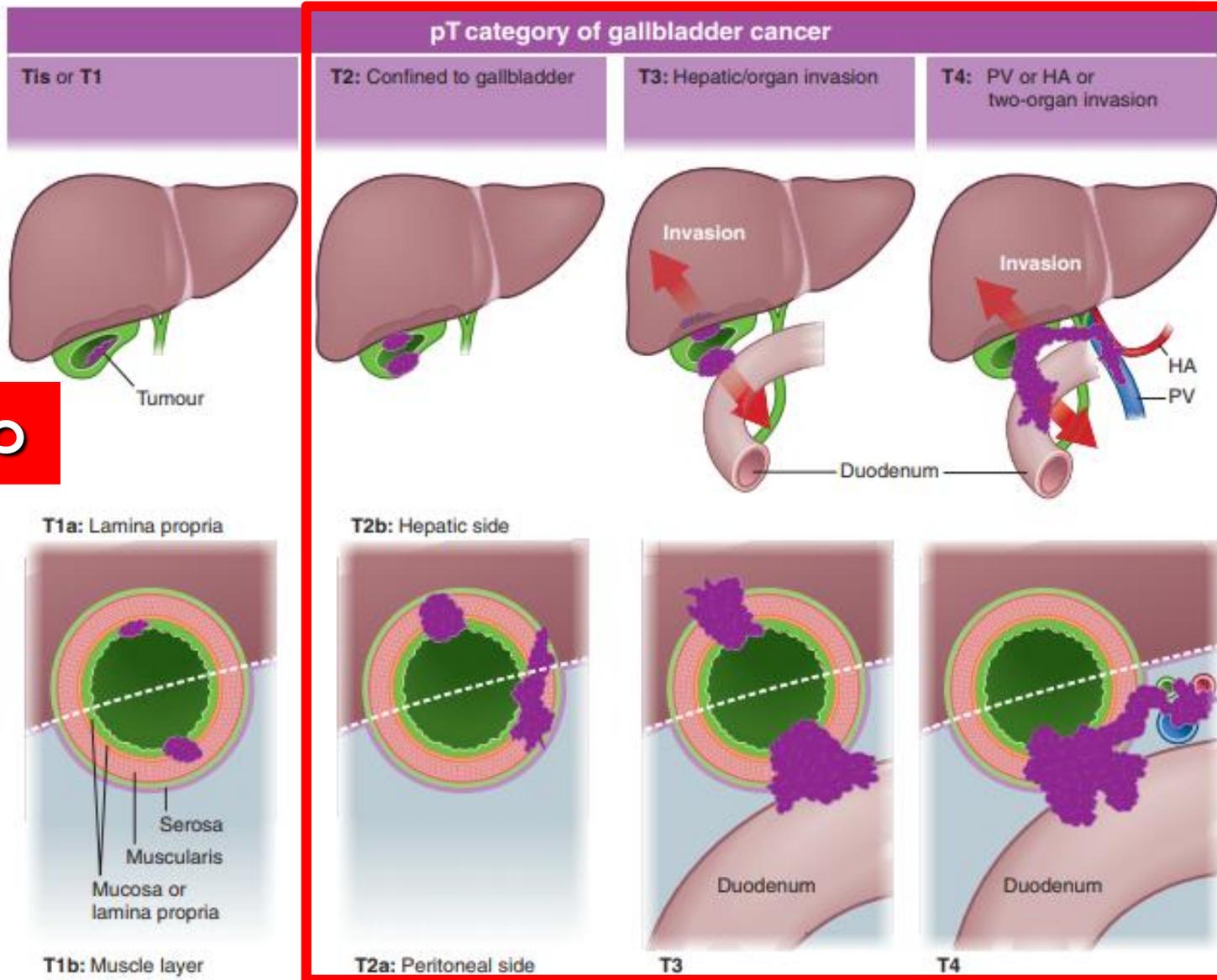


T1b: Muscle layer

- ❑ 1. T1b or more (including cystic duct)
- ❑ 2. Positive cystic duct lymph node

CARCINOMA INCIDENTAL DA VESÍCULA BILIAR QUANDO REOPERAR?

T1b





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International Journal of Surgery

journal homepage: www.elsevier.com/locate/ijjsu



Original Research

Extended liver surgery for gallbladder cancer revisited: Is there a role for hepatopancreatoduodenectomy?

Orlando Jorge M Torres^{a,*}, Ruslan Alikhanov^b, Jun Li^c, Alejandro Serrablo^d, Albert C. Chan^e, Eduardo de Souza M Fernandes^f

Table 2

Indications and contraindications for HPD in gallbladder cancer.

Indications

Locally advanced disease:

Tumors originating from the fundus or body (“Liver-bed” type)

Tumors involving the hepatic hilus (“Hepatichilus” type)

Tumors forming a bulky mass (“Liver-bed and hepatichilus” type)

Tumors with extensive local lymph nodes metastases (“Lymph-nodal” type)

DOENÇA AVANÇADA

MOMENTO DA REOPERAÇÃO

JAMA Surgery | **Original Investigation**

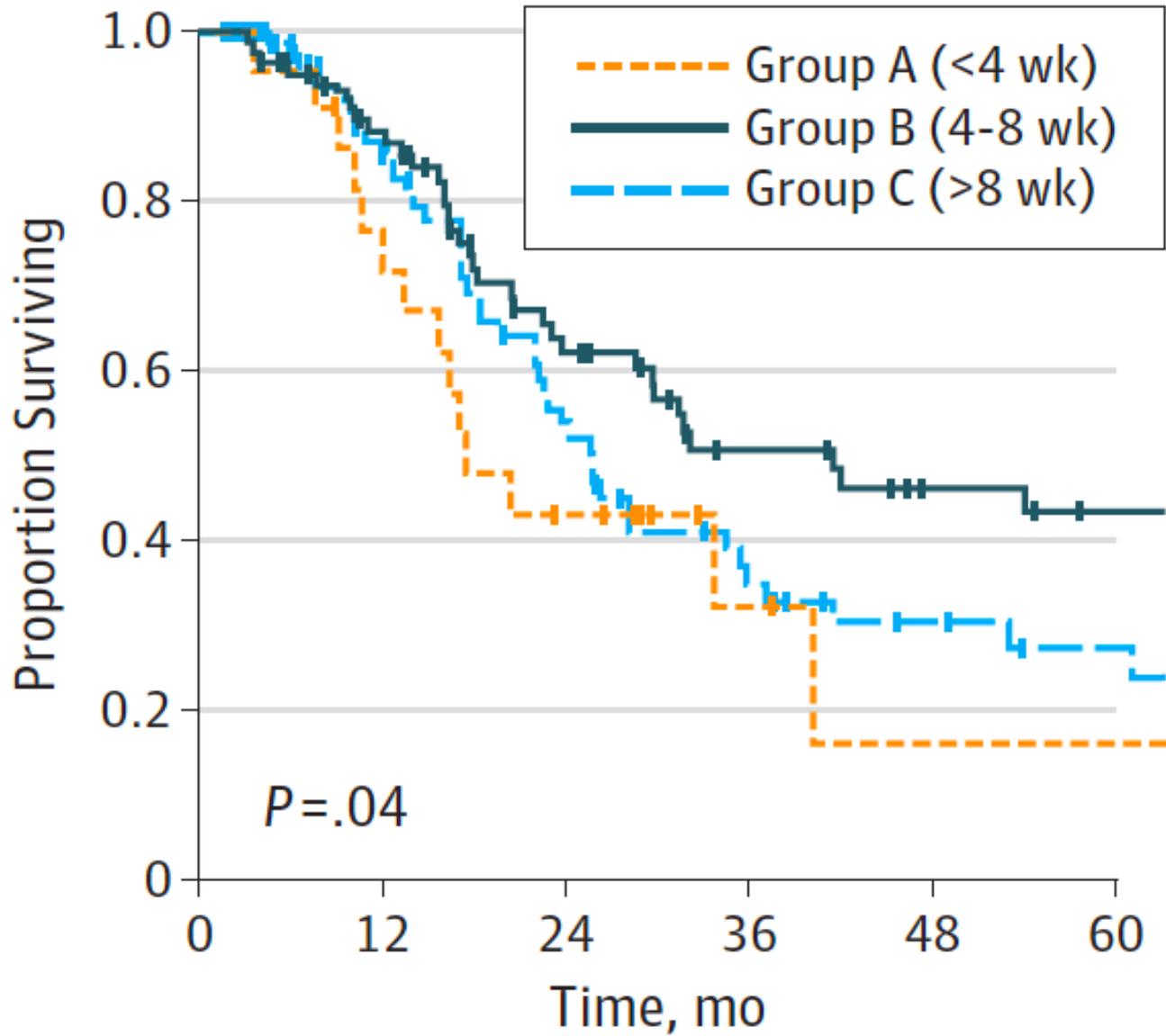
Association of Optimal Time Interval to Re-resection for Incidental Gallbladder Cancer With Overall Survival A Multi-Institution Analysis From the US Extrahepatic Biliary Malignancy Consortium

Cecilia G. Ethun, MD; Lauren M. Postlewait, MD; Nina Le, BS; Timothy M. Pawlik, MD, MPH, PhD;
Stefan Buettner, MD; George Poultsides, MD; Thuy Tran, MD; Kamran Idrees, MD; Chelsea A. Isom, MD;
Ryan C. Fields, MD; Linda X. Jin, MD; Sharon M. Weber, MD; Ahmed Salem, MD; Robert C. G. Martin, MD, PhD;
Charles Scoggins, MD; Perry Shen, MD; Harveshp D. Mogal, MD; Carl Schmidt, MD; Eliza Beal, MD;
Ioannis Hatzaras, MD; Rivfka Shenoy, MD; David A. Kooby, MD; Shishir K. Maithel, MD

Table 1. Clinicopathologic Features of Patients With Incidental Gallbladder Cancer by Time Interval Group

Variable	No. (%)			P Value
	Group A (<4 wk)	Group B (4-8 wk)	Group C (>8 wk)	
Total ^a	25 (12)	91 (44)	91 (44)	
Time to reoperation, median (range), wk	2.9 (0.4-3.9)	5.9 (4.1-8.0)	11.4 (8.1-179.6)	
Locoregional residual disease	14 (56)	42 (47)	42 (48)	.71
Distant disease	2 (8)	18 (20)	16 (18)	.38
Resection				
Attempted	22 (88)	79 (87)	77 (85)	.87
Completed	22 (88)	74 (81)	72 (79)	.60
Extent of resection				
Radical cholecystectomy + portal LN	21 (96)	66 (87)	69 (93)	.29
Major hepatectomy	1 (5)	10 (13)	5 (7)	
AJCC T stage				
T1a/b	1 (5)	5 (6)	10 (12)	.11
T2	11 (50)	50 (63)	35 (43)	
T3/4	10 (46)	24 (30)	36 (44)	
Grade				
Well/moderate	13 (62)	51 (71)	56 (76)	.45
Poor/undifferentiated	8 (38)	21 (29)	18 (24)	

C OS since cholecystectomy



MOMENTO DA REOPERAÇÃO

☐ Nicolas Jarufe
Santiago (Chile)



☐ Anil Agarwal
New Delhi (India)



☐ Após o estadiamento e preparo



BRAZILIAN CONSENSUS ON INCIDENTAL GALLBLADDER CARCINOMA

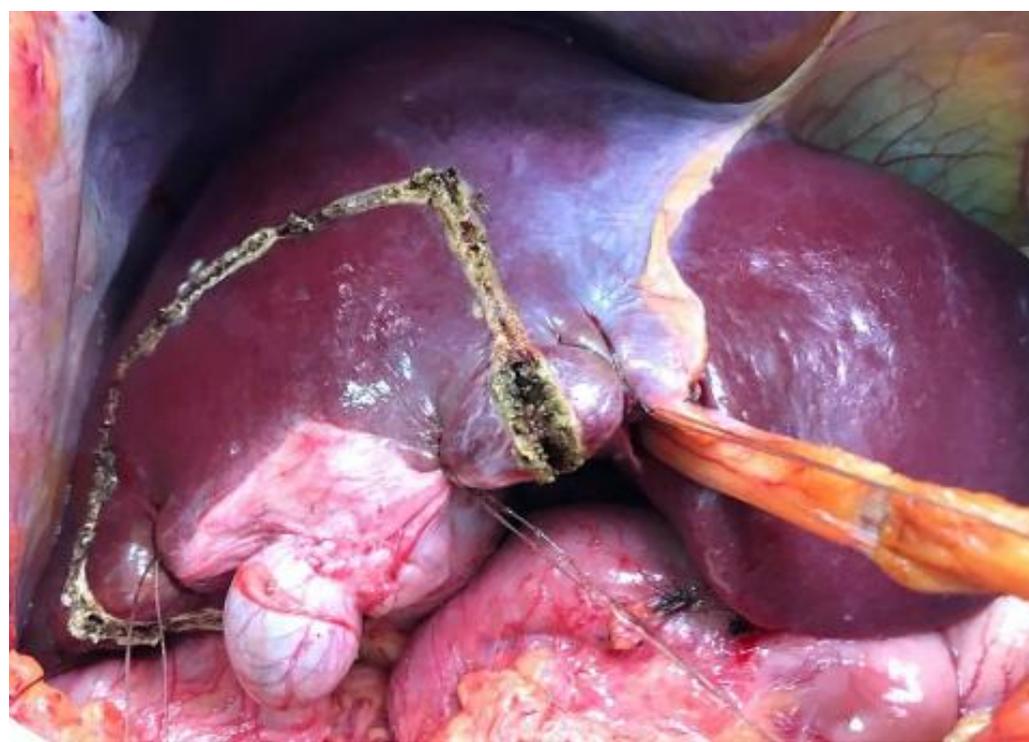
Consenso brasileiro de carcinoma incidental de vesícula biliar

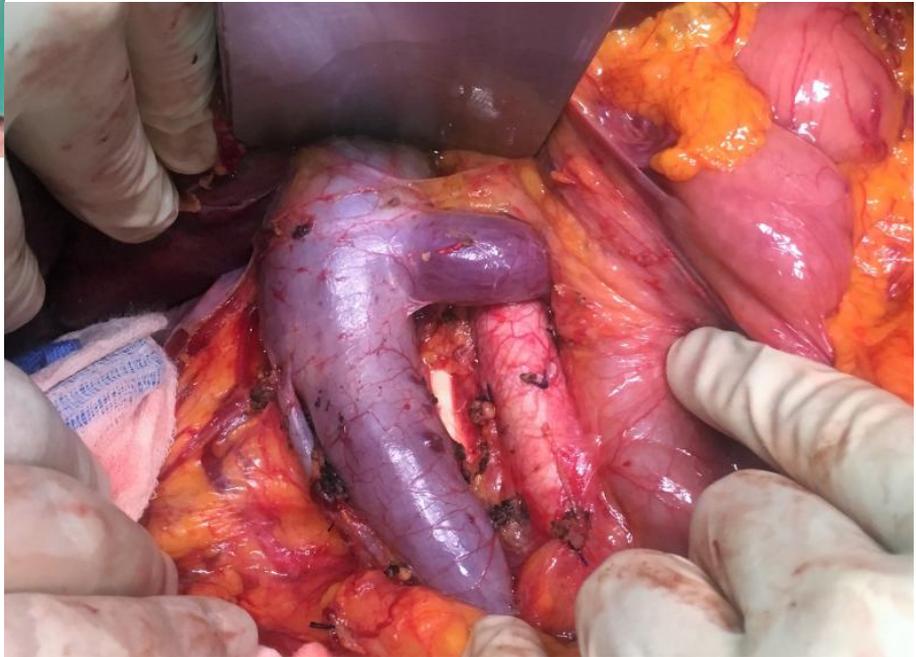
On behalf of the "International Study Group of Hepatopancreatobiliary Cancer- ISG-HPB-Cancer",

Question 5

Which is the ideal timeframe between cholecystectomy and radical surgery for incidentally discovered gallbladder cancer?

MOMENTO DA REOPERAÇÃO







BRAZILIAN CONSENSUS ON INCIDENTAL GALLBLADDER CARCINOMA

Consenso brasileiro de carcinoma incidental de vesícula biliar

On behalf of the "International Study Group of Hepatopancreatobiliary Cancer- ISG-HPB-Cancer",

- ❑ O momento da reoperação é ditado pelo processo inflamatório do primeiro procedimento.
- ❑ O tempo de espera é necessário para minimizar complicações e maximizar a segurança do paciente.
- ❑ A reoperação deve ser realizada o mais precoce possível, depois que o estudo histológico adequado está disponível, o estadiamento foi realizado e o paciente está apto para a reoperação.



BRAZILIAN CONSENSUS ON INCIDENTAL GALLBLADDER CARCINOMA

Consenso brasileiro de carcinoma incidental de vesícula biliar

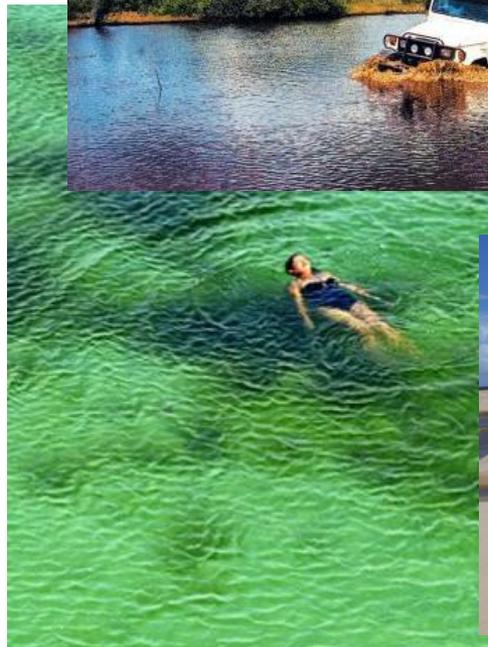
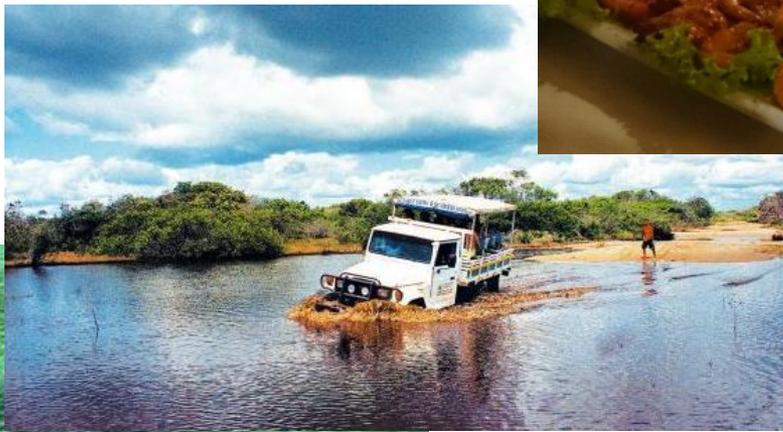
On behalf of the "International Study Group of Hepatopancreatobiliary Cancer- ISG-HPB-Cancer",

- ❑ Normalmente este processo pode levar entre 2-4 semanas da colecistectomia original, dependendo do momento que o paciente é referenciado.
- ❑ Intervalo prolongado afeta de forma adversa o resultado da reoperação.
- ❑ A reoperação radical também é recomendada com doença $\geq pT1b$, mesmo após dois meses da colecistectomia original.

CONCORDÂNCIA 97,1%



Obrigado!



Lençóis Maranhenses