

Letter to Editor: Routine Pathology and Postoperative Follow-Up are Not Cost-Effective in Cholecystectomy for Benign Gallbladder Disease

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Should the histopathological examination (HPE) be undertaken for all the gallbladder specimens following a cholecystectomy which was undertaken for benign diseases? The available literature has contradictory studies, some supporting this practice while others rejecting it. In the recent issue of the World Journal of Surgery, Olthof et al. [1] discouraged the routine HPE of the resected cholecystectomy specimen in view of (a) low incidence of incidental gallbladder cancer (IGBC) which was 0.14% (4/2763), and (b) gross abnormalities being present in all IGBC specimens (4/4).

Firstly, it needs to be clarified what is actually meant by incidental gallbladder cancer (IGBC). It is defined as the detection of the primary cancer in the gallbladder specimen following microscopic examination when the cholecystectomy was supposedly undertaken for a benign gallbladder disease, and there was no preoperative or intraoperative suspicion of malignancy (2). If there is any preoperative/intraoperative suspicion of GBC, this does not constitute IGBC. Patients having a gallbladder mass on preoperative imaging usually undergo radical cholecystectomy without the need for tissue diagnosis if the suspicion of GBC is high. Similarly, any intraoperative suspicion of GBC also necessitates either a radical resection or a frozen section examination. If the facility of frozen section is not available and the suspicion for malignancy is high, one may proceed with radical cholecystectomy if the required expertise is available; else the patient must be referred to a higher centre.

Now, whether all the gallbladder specimens following cholecystectomy should be sent for HPE is a difficult question to answer because of many caveats.

1. Incidence of GBC is not uniform in the world; there is a marked geographical variation. Northern India, Southern Pakistan and Japan are high-risk areas in Asia where incidence of IGBC is relatively high [2].
2. It cannot be disputed that macroscopic examination of the opened gallbladder specimen following retrieval must be done; however, macroscopic examination is a subjective evaluation and inter-observer variations cannot be ignored. In the series reported by Jha et al. [3], seven out of twenty cases of IGBC did not reveal any abnormality on gross examination.
3. Though no re-resection is required for Tis and pT1a IGBC, radical re-resection is warranted for pT1b and beyond tumors leading to a significant improvement in survival [2, 4].

I believe that the patient's right to be informed about what happens to their resected gallbladder following cholecystectomy should not be forgotten. Explaining them that it is not cost-effective to request for histopathological examination of their resected gallbladder and depriving them of the potential advantage of early radical resection does not sound justified. So, this decision should be better left to them. Ultimately, they will be the one who would face the consequences of any mishap.

Compliance with ethical standards

Conflict of interest The author declares that they have no conflict of interest.

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References

1. Olthof PB, Metman MJH, de Krijger RR, Scheepers JJ, Roos D, Dekker JWT (2018) Routine pathology and postoperative follow-up are not cost-effective in cholecystectomy for benign gallbladder disease. *World J Surg* 42:3165–3170. <https://doi.org/10.1007/s00268-018-4619-5>
2. Garg PK, Pandey D, Sharma J (2015) The surgical management of gallbladder cancer. *Expert Rev Gastroenterol Hepatol* 9:155–166
3. Jha V, Sharma P, Mandal KA (2018) Incidental gallbladder carcinoma: utility of histopathological evaluation of routine cholecystectomy specimens. *South Asian J Cancer* 7:21
4. Pandey D, Garg PK, Manjunath NML, Sharma J (2015) Extrahepatic bile duct resection: an insight in the management of gallbladder cancer. *J Gastrointest Cancer* 46:291–296

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