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Original Article

Can preventive Cholecystectomy be consider in order to Prevent gallbladder cancer in eastern Utter Pradesh region?

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Abstract
Cancer of gallbladder is relatively uncommon tumor, highly malignant with rapid disseminatation and difficult to diagnose preoperatively. thus until recently, a gall bladder was thought to be hopeless disease with no chance of curative treatment, however success at early diagnosis with in form of Screening method in ladies above forty age group by the help of Ultrasonography can change the outlook in the treatment of gallbladder cancer.
Keywords: *Gallbladder cancer, Ultra Sonography, Screening.*

Discussion

In oncology it has been found that gallbladder cancer seems to be most difficult cancer to treat, because of late stage presentation and not suitable for curative surgery which the main stay of treatment till date radiotherapy does not have any role to play and standard chemotherapy is very costly in advanced stage cancer, Clinical Question When is surgery indicated in patients with asymptomatic cholelithiasis? Evidence-Based Answer Surgery should not be offered to patients with asymptomatic cholelithiasis. (Strength of Recommendation [SOR]: C, based on decision analysis, observational studies, and expert opinion.) Cholecystectomy may be beneficial for patients who are at high risk of biliary cancer, infection, or other complications, including younger patients and those with choledocholithiasis, sickle cell disease, gallstones larger than 3 cm, or significant immunosuppression. (SOR: C, based on cohort studies, observational studies, and expert opinion.) Most patients with gallstones (50% to 70%) have asymptomatic cholelithiasis, defined as the detection of gallstones without related symptoms or sequelae such as colic, cholecystitis, cholangitis, or pancreatitis. There are no randomized clinical trials of surgical treatment of asymptomatic cholelithiasis. Family physicians should balance the risks of surgery with those of expectant management. In other words, changing the underlying assumptions and probabilities in the predictive model did not substantially alter the outcome. Volume 89, Number 6 March 15, 2014 468 American Family Physician recommendations are Patients who are at high risk of biliary cancer and other operative or disease related complications may be offered prophylactic cholecystectomy if the benefits of surgery outweigh the risks of observation Patients with asymptomatic choledocholithiasis have a much higher risk of severe complications

(up to 50%) and should be offered prophylactic cholecystectomy.1 All patients should be counseled about the symptoms of biliary colic, because most severe gallstone-related complications are preceded by these symptoms.1 Recommendations from Others A 1992 consensus statement from the National Institutes of Health,9 updated by the Society of American Gastrointestinal and Endoscopic Surgeons in 2010,10 recommends that almost no asymptomatic patients undergo cholecystectomy. Those at high risk. Indications for Consideration of Prophylactic cholecyctectomy,

In India ca gallbladder shows significant geographical variation in north and central India and twelve times more common in compare to south India ,as per the latest data it is the fifth most common cancer in men and one of the leading cancer in Delhi,Bhopal according to various cancer registries data per1/lac population.

City	Male	Female
Delhi	**1.9**	**6.6**
Mumbai	**2.6**	**5.2**
Bangluru	**.5**	**.5**
Madras/Chenni	**.3**	**.6**

Brd medical college data from[2009 to 2010] 1900, cancer patients seen among 400 patients were gallbladder cancer all of them were in stage four 304 , female 96 were male .

Risk Factors

1. Gall stone is widely recognized risk factor gall bladder cancer because continuous irritation in mucosa leading to inflammation which super added with secondary bacterial infection causing production of carcinogen in 90% of gallbladder cancer, gallstone are present.
2. Procelain gallbladder in this entity risk is 12 to 60% according to literature here prophylactic cholecyctectomy is justified.
3. Chronic typhoid carrier six time higher chances of developing gallbladder cancer
4. Other factors are ulcerative colitis, Adenomyomatosis-of gallbladder.

Role of Surgical oncologist /Oncosurgeon

Cancer expert oncosurgen Mch who perform extended cholecyctectomy can save the life of early stage gallbladder cancer patients, currently popular laparoscopic surgery absolutely not recommended for gall bladder cancer ,because here not gall bladder but wedge resection of liver along portal lymph node all together have to be removed.

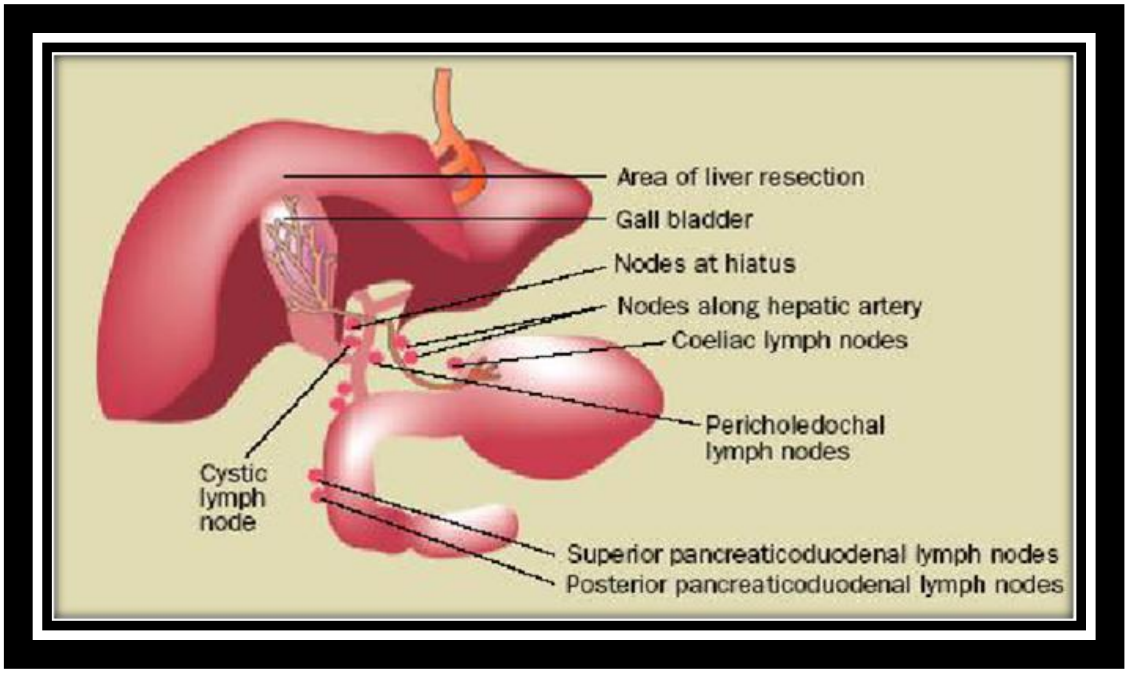

Fig-1 Anatomy of Gall bladder

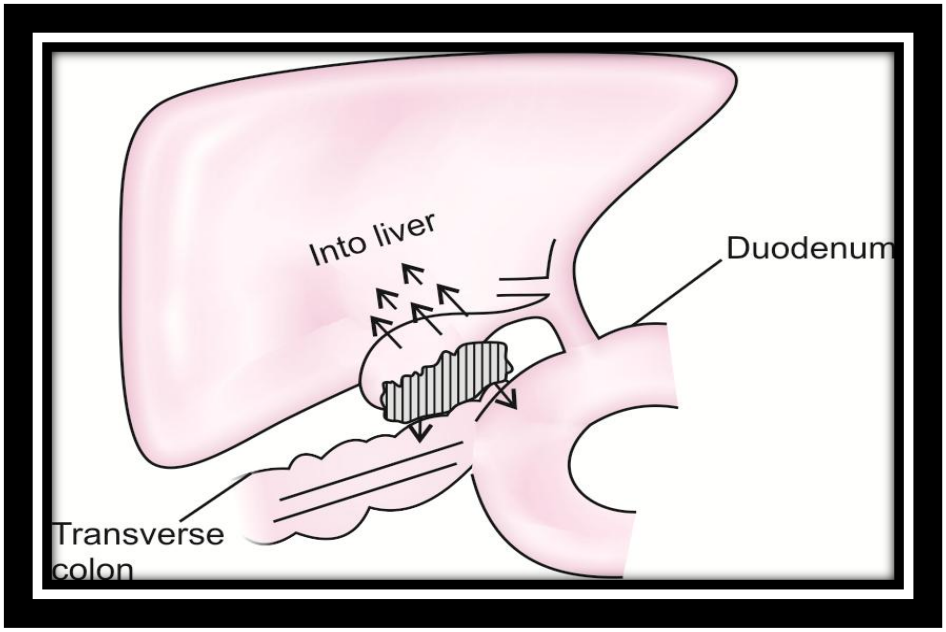

Fig-2 Infiltration of gall bladder cancer in adacent organ

Why Gallbladder cancer spread to liver fast because lymphatic channal having direct connection with each other.

Sad part of it most of the patients presenting in hospital/nursing home/privet clinics/medical college oncology department advanced stage of disease in stage 3rd/4th,were surgery not recommended and not possible and these group of patients are very high they cannot be left to their fate still we can offer them chemotherapy but standard and internationally accepted regime six courses costing around 60,000 for six month treatment that to with this type of chemotherapy only patients pain and agony and life can be extended but it cannot cured the patient.

Conclusion

Preventive method in form screening must be adopted for eastern up population-----department of radiation oncology recommends lady 40 year and above must go for at least six month ally Usg/Doppler by expert Md radio diagnosis doctor in order to pick up early lesion because at this juncture patients can go under surgery which will be curative treatment. why gallbladder cancer spread toliver so fast because lymphatic channal having direct connection with each other.

Question still remains to find out by our national cancer control body as well as to Association of radiation oncologist of India and associations of surgical oncologist of India national chapter, why not prophylactic cholecytectomy is justified in case of silent gallstone patients at age of 40 and above knowing its association 78 to 95% ,in contrast to that porcelain gallbladder same is justified although risk association is only sixty percent.

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