

ORIGINAL RESEARCH

Assesment of Clinical Findings and Its Co-Relations with the Investigational Findings in Gall Bladder Carcinoma: A Hospital based Study

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ABSTRACT

Introduction: In today's era of immediate comfort and relief from the pain and sufferings the technology has found a better place in investigations and management of diseases. But, it must be remembered what the mind does not know the eyes cannot see. Therefore, there must be specific co-relation between the clinical findings and the investigations.

Materials and methods: It was a retrospective study of 10 patients presenting with Gall bladder carcinoma between the study period of six months (May 2015 – Oct 2015) in the Department of Surgery, Assam Medical College, Dibrugarh, Assam, India. Ten patients were treated in the study period. Co-relation between clinical findings and investigations were studied.

Results: Radiological and other investigation showed an excellent co-relation with clinical findings.

Conclusion: Investigational support is must for accurate diagnosis and treatment of gall bladder disorders.

Keywords: Gall bladder carcinoma, clinical and investigational co-relation

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INTRODUCTION

Clinical examination helps us to know the exact origin and points towards the probable pathology of the diseased organ.

The location of the mass, its consistency, mobility and shape with the help of clinical examination is a guide to underlying pathology and has been helping surgeons through ages. There are no better options than a thorough clinical examination. In today's era of immediate comfort and relief from the pain and sufferings the technology has found a better place in investigations and management of diseases. But, it must be remembered what the mind does not know the eyes cannot see. Therefore, there must be specific co-relation between the clinical findings and the investigations.¹ In our study we have tried to co-relate the findings of investigations with that of our clinical knowledge. The relations of cancer of gall bladder and its investigational support was found to be positive in our study USG helps differentiate retroperitoneal form intraperitoneal masses and solid from cystic masses. Further diagnostic work is based on the information, obtained at plain film and USG. USG is the initial imaging modality of choice; it is easy to use portable, free of radiation hazards, easy to interpret and equally reliable investigation. USG also permits assessment for vascular invasion.²

MATERIALS AND METHODS

The size of study population was 10 patients, age group included was 40-55 years and place of study was Department of Surgery, Assam Medical College and Hospital, Dibrugarh, Assam, India. The time period was between May 2015 – October 2015.

Exclusion Criteria

1) Patients of gall bladder disorders who were operated as emergency patients. 2) Patients of benign gall bladder disorders

The study was a retrospective study. The main objective was to highlight the complications of the condition. Although the study period was short but it was important and a note should be taken about the actual scenario. In a span of six months (May 15th - Oct 15th) a study of investigational co-relation with clinical findings of gall bladder disorders reporting to the Department of Surgery, Assam medical college and Hospital, Dibrugarh, Assam was done.

Epidemiology

All the ten patients were of the same region basically, the upper- Assam region. All were of the age group 40-55 years.

Physiology of Stone Formation

Cholelithiasis involves the presence of gallstones, which are concretions that form in the biliary tract, usually in the gallbladder. Choledocholithiasis refers to the presence of 1 or more gallstones in the common bile duct (CBD). Treatment of gallstones depends on the stage of disease.

Environment

Communities having the same cultural practices are now having a rise in the incidence of the disease. This is mainly due to the increase in the practice of fatty foods and lack of physical exercises.

Clinical Features

The clinical features can be broadly classified into

Symptoms		Signs	
Vomiting	100%	Jaundice	60%
Belching	90%	Weight loss	80%
Loss of appetite	100%	Abdominal mass	80%
Flatulence	70%	Other associated findings like ear ache	40%
Pain abdomen	90%		

Investigations

Clinical examination showed lump of variable size from 3cm x 4 cm to 4.5cm x 5cm. Consistency was from firm to hard and lead to the suspect of early carcinoma. The clinical findings associated with movement with respiration, fixity to the underlying structures were also variable but the suspect for early detection of cancer was always taken into account. Murphy's sign was also variable in all the cases. Thus, we tried to co-relate with the investigational findings basically the radiological ones.

USG is an important tool in the detection of underlying cause of the disease and helps us to get a better idea of the pathology and its extent. USG is free from radiation hazards and it can be easily interpreted. It is also reliable but it is replacing the age old knowledge on clinical examination and its valuable history. All the patients were subjected to USG and CT-SCAN and the correlation between them investigated as well as clinically evaluated. As these patients were in their stage 4, so surgical treatment was deferred till chemoradiation.

RESULTS

Radiological and other investigation showed an excellent co-relation with clinical findings. All the cases were investigated and found that investigations are not only helpful but should also be the simultaneous line of management. In fig 1. We can see that there are multiple cholelithiasis with GB mass infiltrating to abdominal wall. There is irregular thickening of the wall and the bladder is distended. In one of the case it was noted that GB neck mass was infiltrating into adjacent hepatic segment and CHD leading to upstream biliary

dilation. Abdominal lymphadenopathy extending to other areas were also noted. With these co-relations it was concluded that most of them had carcinoma gall bladder of later stages mainly 3 and 4. Routine blood examinations and other systemic laboratory examinations for the chemotherapy and radiotherapy were also performed in every case. In one of the case there was no ascites so investigational correlation became must. Her alkaline phosphatase showed an increase to 569 IU/L which was consistent with ultrasonographic findings showing liver metastasis but still no sign of ascites. Otoroscopic examination showed earache was due to otitis media which might be due to a sequelae of forceful vomiting. The patient also complained of headache which was mainly due to sinusitis and deviated nasal septum (Fig-2). USG guided FNAC in inoperable cases were done and further managed as needed.

The investigations can be broadly classified into

USG		CT-Scan	
Irregular thickening	100%	Calcification	90%
Infiltration	80%	Major vessels involved	60%
Cholelithiasis	90%	Irregular thickening	80%
Lymphadenopathy	80%		
Ascites	60%		

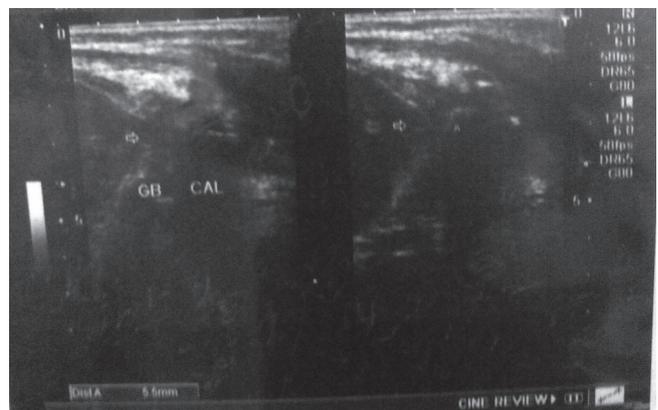


Figure-1: Ultrasonographic picture of carcinoma gall bladder



Figure-2: Photograph showing deviated nasal septum

DISCUSSION

Clinical examination helps us to know the exact origin and points towards the probable pathology of the diseased organ. The location of the mass, its consistency, mobility and shape with the help of clinical examination is a guide to underlying pathology and has been helping surgeons through ages. There are no better options than a thorough clinical examination. In today's era of immediate comfort and relief from the pain and sufferings the technology has found a better place in investigations and management of diseases. But, it must be remembered what the mind does not know the eyes cannot see. Therefore, there must be specific co-relation between the clinical findings and the investigations. In our study we have tried to co-relate the findings of investigations with that of our clinical knowledge. Large gall bladder masses may extend their boundaries and then it will be necessary to get the help of investigations.¹ Treatment for gall stones incidently discovered are unlikely to help in relief of symptoms.² Collins sign helps in localizing the pain and the disease process.³ Carcinoma of gall bladder is becoming more and more common in today's era. The co-relation of the disease process with the food habits cannot be underestimated. Environment and genetic factors are responsible for gall stone diseases.⁴⁻⁶ Common association is seen between gall stone and gall bladder inflammation⁷⁻¹⁰ Their association ranges from 2.3 to 34.4.¹¹

CONCLUSION

To conclude, investigational findings are actually necessary to co-relate with the clinical findings. In our study the investigations proved to have an important role in management and further chemotherapy for the disease conditions.

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