Totally Laparoscopic Radical Resection of Gallbladder Cancer: Technical Aspects and Long-Term Results.

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Abstract

INTRODUCTION:

Gallbladder cancer (GBC) is a rare tumor in developed countries. Chile has one of the highest incidences worldwide. For patients affected by resectable T1b or more advanced GBC, radical cholecystectomy (RC) is considered the standard therapy. Our aim is to describe the surgical technique and clinical-pathological results of patients undergoing totally laparoscopic radical resection of GBC.

METHODS:

Patients undergo laparoscopic radical resection for primary and incidental GBC, between the years 2009 and 2016 in two centers from Chile. Patients in whom suspected bile duct invasion, frozen biopsy did not confirm cancer and para-aortic lymph node sampling was positive were excluded.

RESULTS:

Eighteen patients were operated, 77.8% were female with median age of 60.5 year, and 16 patients had previous cholecystectomy with incidental cancer finding. The median operative time was 490 min (400-550). No conversion to open surgery occurred. All patients achieved a R0 resection. Postoperative complications occurred in 2 patients (11.1%), and there was not mortality. After a median follow-up of 59 months, the 5-year survival was 80.7%.

CONCLUSION:

This study shows the technical feasibility of the totally laparoscopic approach for radical resection of GBC with the same principles of classical open surgery. It appears that long-term oncological findings would also be similar at least in less advanced lesions.