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Cytoreductive surgery and HIPEC for peritoneal carcinomatosis of a gallbladder carcinoma

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Introduction: The prognosis of gallbladder carcinoma is extremely poor as tumors usually do not show any symptoms until they have become advanced. As a result, in most cases the tumor cannot be removed by surgery completely. The five-year survival rate of patients is approximately 6-7%. After diagnosis the median survival time is approximately four to five months. If the carcinoma is removed completely, the five-year survival rate will increase to 10-60%.

Methods: One female patient with gallbladder carcinoma who had a primary R1 resection of the gallbladder, partial liver tissue as well as the Whipple procedure, developed a small bowel ileus after three months. This occurred due to a large nodular peritoneal carcinomatosis without evidence of extra peritoneal metastasis. A primary cytoreductive surgery was performed followed by HIPEC.

Results: The intra- and postoperative progress was uncomplicated with primary wound healing. The patient received an additive systematic chemotherapy after the completion of her rehabilitation. The current staging shows no evidence of re-carcinomatosis or metastasis.

Conclusion: The HIPEC is a modern technique which can be used especially for patients with metastatic cancer. In the current literature there can be hardly found any information on the practice of HIPEC in patients with metastatic gallbladder or bile duct carcinoma. An accurate selection of a potential patient plays a key role.

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