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Approach to T2 gallbladder cancer according to the tumor location and its surgical extent

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Purpose: The clinical behavior of T2 gallbladder cancer varies among patients. The aims of this study were to identify prognostic factors for survival and recurrence, and to determine the optimal surgical strategy for T2 gallbladder cancer.

Methods: We conducted a retrospective analysis of 78 patients with T2 gallbladder cancer who underwent surgical resection for gallbladder cancer.

Results: Twenty-eight (35.9%) patients underwent simple cholecystectomy and 50 (64.1%) underwent extended cholecystectomy. Among 56 patients without LN metastasis ($n = 20$) or unknown LN status (no LN dissection, $n = 36$), the 5-year disease-free survival rates were 81.6%, and 69.8% ($P = 0.080$). In an analysis according to tumor location, patients with tumors located on the hepatic side ($n = 36$) had a higher recurrence rate than patients with tumors located on the peritoneal side only ($n = 35$) ($P = 0.043$). On multivariate analysis, R1 resection and lymph node metastasis were significant, independent prognostic factors for poor disease-free and overall survival.

Conclusion: R0 resection and LN dissection are an appropriate curative surgical strategy in patients with T2 gallbladder cancer. Tumors located on the hepatic side show worse prognosis than tumors located on the peritoneal side only, hepatic resection should be considered.