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How to interpret the high-grade dysplasia in bile duct margin of biliary tract cancer

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Lecture : High-grade dysplasia in the bile duct margin is a histologic finding that is associated with an increased risk of malignant transformation. In the context of bile duct biopsies, high-grade dysplasia indicates the presence of abnormal, precancerous cells that have the potential to progress to bile duct cancer. The presence of high-grade dysplasia in the bile duct margin is a significant finding that requires close monitoring and appropriate follow-up. Patients with this diagnosis may require additional testing, such as imaging studies, to determine the extent of the dysplasia and to monitor for progression to malignancy. It is important to note that high-grade dysplasia is a precursor lesion to cholangiocarcinoma and may be considered a marker for the development of this type of cancer. In some cases, high-grade dysplasia may be treated with surgical or ablative therapies to prevent progression to malignancy. Although, the pathologic significance of high-grade dysplasia in the bile duct margin is that it indicates the presence of abnormal, precancerous cells and is associated with an increased risk of malignant transformation to cholangiocarcinoma, it is not clear that surgical procedure that remove high-grade dysplasia guarantee patient improved survival. Sometimes, close monitoring and appropriate follow-up may be a better option as the progression time to malignancy will be longer than that of remaining patient survival period. The management of high-grade dysplasia in the bile duct margin of biliary tract cancer is a complex issue that requires careful consideration of several factors. The decision regarding the best course of action for an individual patient should be made after a thorough evaluation and discussion with clinician and pathologist, taking into account patient overall health status, the stage and location of the cancer, and the results of any additional testing that may have been performed. In general, the options for managing high-grade dysplasia in the bile duct margin of biliary tract cancer include surgical resection, radiation therapy, or surveillance. Surgical resection is the primary treatment for biliary tract cancer and is the one of the best option that offers the possibility of a curative resection. The type of surgery will depend on the location and stage of the cancer, as well as the patient's overall health status. Surveillance, which involves closely monitoring the patient without any immediate intervention, may be appropriate for patients with focal, high-grade dysplasia or those who are not good candidates for surgery or ablation therapy. It is important to note that the best course of action will depend on the individual patient's health status and clinicopathologic findings