

BP SY 2-2

What is optimal extent of LN dissection?

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Lecture : Gallbladder cancer (GBC) is the most common biliary tract cancer with very poor prognosis. The majority of patients present with advanced disease but for those with earlier stage disease, surgical resection is the only curative option. Oncologic resection guidelines are based on T stage, extended cholecystectomy, including hepatic resection and lymphadenectomy, recommended for cancers staged greaterT2.

The value of lymphadenectomy in GBC is thought to be associated with accurate diagnosis, prediction of prognosis and improvement of overall survival. Generally regional lymph nodes, so-called as N1 group lymph nodes are regarded as lymph nodes around hepatoduodenal ligaments and extended regional lymph nodes, so-called as N2 group lymph nodes are regarded as retroportal, posterosuperior pancreaticoduodenal, posteroinferior pancreaticoduodenal, along the common hepatic artery, celiac, superior mesenteric, and interaorticocaval lymph nodes. However, the consensus for extent of lymph node dissection in GBC has not been established yet. Due to various terminologies and definitions having been used, it is very difficult for GBC as a rare malignancy to establish the extent of regional lymph node and extent of lymphadenectomy.

To establish proper extent of lymph node dissection, consensus for definition of regional lymph node and further international or multi-institutional prospective study is needed.