

Image of the Month

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A 35-YEAR-OLD HISPANIC MAN PRESENTED TO the emergency department with a 5-week history of abdominal pain. The pain radiated from the right upper quadrant to his back. The patient denied any nausea, vomiting, fevers, chills, or changes in bowel habits. His medical history was significant for non-insulin-dependent diabetes for which he takes metformin and pioglitazone. The patient's social history was significant for smoking 5 to 6 cigarettes per day, and he denied alcohol use. Physical examination revealed right upper quadrant tenderness, and findings of ocular examination were negative for sclera icterus. Results of laboratory testing were significant for a total bilirubin level of

1.8 mg/dL and an indirect bilirubin level of 1.0 mg/dL (to convert to micromoles per liter, multiply by 17.104). The remainder of liver function test results were within the reference range. A complete blood cell count demonstrated a white cell count of 5.2 without a left shift. Preoperative gallbladder ultrasound demonstrated a complex heterogeneous mass in the gallbladder fossa measuring $5.4 \times 5.1 \times 4.6$ cm, with no common bile duct dilatation. Magnetic resonance imaging obtained preoperatively is shown (**Figure 1**) along with a pathology specimen obtained during the operation (**Figure 2**).

What Is the Diagnosis?

- A. Cholecystitis
- B. Gallbladder adenocarcinoma
- C. Xanthogranulomatous cholecystitis
- D. Cholangiocarcinoma

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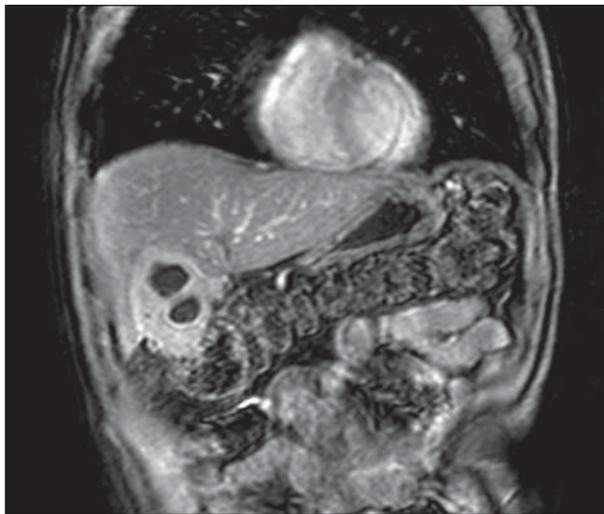


Figure 1. Preoperative magnetic resonance imaging shows a gallbladder mass in the right upper quadrant.

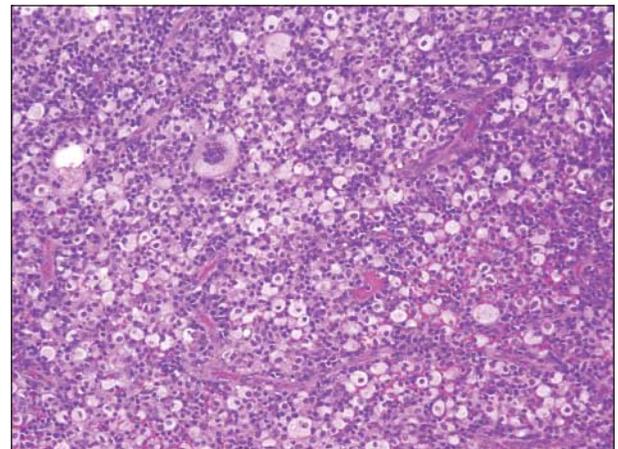


Figure 2. Hematoxylin-eosin staining of a cross-section of the gallbladder taken next to the hepatic fossa shows foamy histiocytes with giant cells (original magnification $\times 4$).