LETTER TO THE EDITOR

Gallbladder adenocarcinoma: first report in a patient with AIDS

Although a wide spectrum of AIDS-related cholangiopathy has been reported periodically, malignant tumours, commonly seen in patients with AIDS, are very rare in the gallbladder, with only handful of reports in the literature: Kaposi’s sarcoma, and malignant lymphoma. We describe the first case of gallbladder adenocarcinoma in a patient with AIDS.

A 56-year-old man, HIV seropositive at 24, without familial history of gallbladder carcinoma, was hospitalised with right upper quadrant abdominal pain. He had chronic liver disease, hepatitis B virus-related, but no previous diagnosis of an HIV-related opportunistic infection. He was on highly active antiretroviral therapy (HAART); 2 years previously he had developed intestinal malignant non-Hodgkin lymphoma, treated by surgery and chemotherapy. The CD4 lymphocyte count was 500/mm³ at the time of admission; HIV-1 load was 1043 copies/ml. Abdominal ultrasound showed polypoid nodules in the gallbladder. The patient underwent laparotomy with cholecystectomy, and liver biopsy. Macroscopically, the gallbladder was normal, and familial history, anomalous pancreatobiliary ductal union) were lacking. The patient described here is young, had no previous opportunistic infection before cholecystectomy, and usual predisposing factors of gallbladder adenocarcinoma (aging, lithiasis, cholangitis, porcelain gallbladder, familial history, anomalous pancreatobiliary ductal union) were lacking. Thus the non-AIDS-related malignant nature of this carcinoma remains speculative.

The role of immunosuppression in the pathogenesis of non-AIDS-related malignancies is controversial. Increased patient survival on HAART may offer enough time for biliary carcinogenesis to occur, and immune restoration may not control dysplastic lesions, widely present in the gallbladder mucosa in our case.

We have described the first case of gallbladder adenocarcinoma in a patient with AIDS. The strengths of our observation include long-term follow-up, spanning over a decade, leading to an early diagnosis and therapy for gallbladder carcinoma, usually known to have a very poor prognosis. This adds one more possibility to the growing list of malignancies in such patients.

N Mourra, M-G Lebrette, C Hoeffel, F Paye
1 Department of Pathology, Hôpital St-Antoine, Paris, France; 2 Department of Radiology, Hôpital St-Antoine, Paris, France; 3 Department of Infectious Diseases, Hôpital Tenon, Paris, France; 4 Department of Surgery, Hôpital St-Antoine, Paris, France

Correspondence to: Dr Najat Mourra, Department of Pathology, Hôpital St-Antoine, 184, rue du faubourg St-Antoine, 75012, Paris, France; najat.mourra@isat.ap-hop-paris.fr

Competing interests: None declared.

This manuscript was accepted in abstract form at the meeting of the International Academy of Pathology, Montreal, Canada, September 2006.

Accepted 2 March 2007

doi:10.1136/jcp.2007.049692.corr1

REFERENCES

CORRECTION
doi:10.1136/jcp.2007.049692.corr1

There was an error in an article published in the March issue of the journal (Khan S, Alvi A, Holding S, et al. The clinical significance of antineuclear antibodies. J Clin Pathol 2008;61:283–6). On page 283 the sentence “…ribonuclease multidrug resistance protein/ribonuclease F and 10 associated proteins…” should read “…RNase MR (Th or 7-2 RNA) and RNase P (To or 8-2 RNA)…”.