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## **Differentiation of the gallbladder adenomyomatosis from early-stage gallbladder cancer before surgery**

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**Introduction :** This study compared perioperative and clinical outcomes in patients undergoing laparoscopic cholecystectomy for gallbladder adenomyomatosis (GBA) or early-stage gallbladder cancer (GBC).

**Methods :** Among the patients who underwent laparoscopic cholecystectomy from January 2011 to December 2017 in our institution, 194 patients histopathologically diagnosed with GBA and 30 patients with GBC were enrolled in this study. Their perioperative and clinical outcomes were compared.

**Results :** There were no significant differences in sex (1.0:0.8 vs. 1.0:0.7, male:female,  $p = 0.734$ ), BMI ( $23.9 \pm 3.4$  vs.  $24.0 \pm 3.8$  kg/m<sup>2</sup>,  $p = 0.916$ ), or preoperative liver function tests between the GBA and GBC groups. The GBC group was significantly older ( $50.5 \pm 14.1$  vs.  $65.9 \pm 10.6$  years,  $p < 0.001$ ) and had higher ASA grade (40.3 vs. 63.4, grade II or III (%),  $p = 0.043$ ) than the GBA group. Although there was no significant difference in preoperative diagnostic methods ( $p = 0.442$ ), the GBC group showed significantly higher rate of misdiagnosis on preoperative imaging work-up, compared with postoperative histopathologic findings (30.9% vs. 53.3%,  $p = 0.011$ ). Patients with gallstones in the GBA group were significantly more than those in the GBC group (68.6% vs. 40.0%,  $p = 0.004$ ).

**Conclusions :** This study revealed the difficulty of accurate diagnosis of early-stage GBC. If an older patient who was hospitalized for biliary colic does not have any gallstones but thickened gallbladder wall with inflammation on preoperative diagnostic exam, the possibility of early-stage GBC as well as benign diseases such as acute / chronic cholecystitis and GBA should be considered.

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