

**EP129****Retroperitoneal lymph node metastasis in gallbladder cancer: as bad as distant metastasis**

**Ashish SINGH**, Nalini Kanta GHOSH, Rahul RAHUL, Vinay Kumar KAPOOR, Rajan SAXENA

*Surgical Gastroenterology, SGPGIMS, Lucknow, India*

**Introduction :** Gallbladder cancer (GBC) is the most common biliary tract malignancy. There is conflicting evidence in literature regarding curative surgery in presence of retroperitoneal lymph nodal (interaorto-caval and para-aortic) metastasis. This is an study of patients, in whom a curative resection was abandoned due to the presence of retroperitoneal lymph node metastasis (RLNM) or distant metastasis (DM), to see the effect of RLNM on survival of the GBC patients.

**Methods :** A retrospective analysis of the patients with GBC found to have RLNM or DM on frozen section biopsy at surgery, between January 2013 and December 2018. Data was analysed using the Statistical Package for the Social Sciences (SPSS) software (version 22.0). Survival in these two groups (RLNM and DM) was compared with log rank test. P-value of <0.05 was considered significant.

**Results :** 235 patients with ostensibly resectable GBC underwent surgical exploration. The planned curative resection was abandoned in 91 (39%) patients because of RLNM (n=20, 9%) or DM (n=71, 30%) on frozen section biopsy. Demographic profile and blood parameters were similar in the two groups. The median survival for RLNM and DM groups were 5 (range 2-26; IQR 3-11) and 6 (range 2-24; IQR 4-10) months, respectively. No significant difference was documented on log rank test. (p =0.64). There was no 3-year in either group.

**Conclusions :** RLNM should be considered as DM and every effort should be made to target suspicious RLNM pre-operatively. At surgery retroperitoneal lymph nodes should be sampled as a routine for frozen section histological examination to avert a futile exercise.

Corresponding Author. : **Ashish SINGH** ( singhashishalld@gmail.com )