

## A Case of the 10 days

### Case 349

A seventy-five-year-old male was routinely followed by abdominal ultrasound in local clinic for gall bladder stone and gall bladder mural thickness suspicious of adenomyosis. Gall bladder wall thickness increase as time passed. Laboratory test revealed elevation of CA19-9 from 77 U/mL, last year to 980 U/mL at present. Then, he was introduced to our hospital for further investigation. He took CT (Fig.1) and MRI (Fig.2). Two months later, he took abdomen CT again (Fig.3).

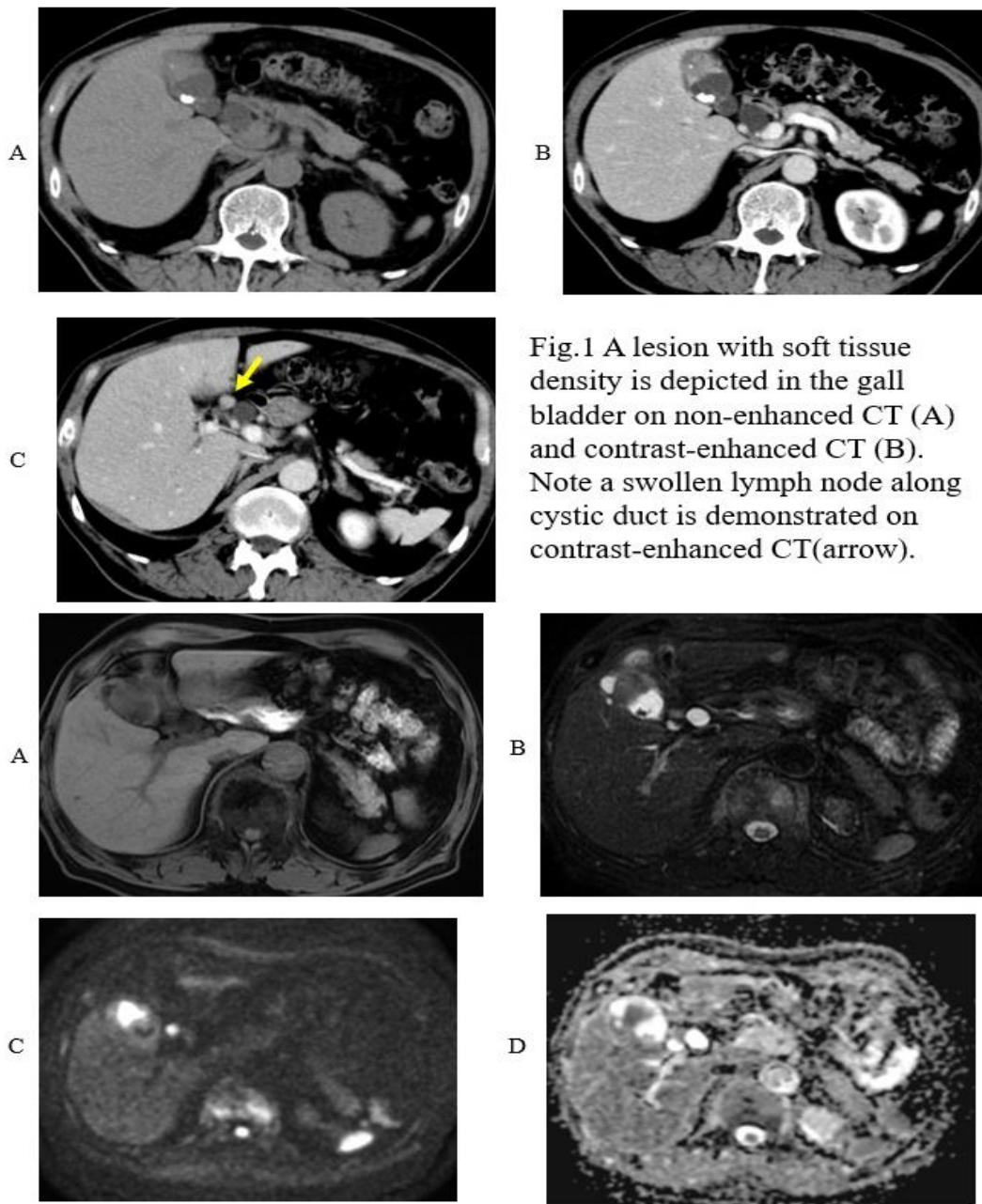


Fig.2 A lesion in the gall bladder is depicted unclearly on T1WI (A) but clearly as low signal intensity on fat suppression T2WI (B), and clearly as high signal intensity on Diffusion WI (C) whose median ADC values are 0.929, lowering (D).

Note a peri-cystic duct lymph node is demonstrated on Diffusion WI(C) (arrow) whose ADC values are 1.357.

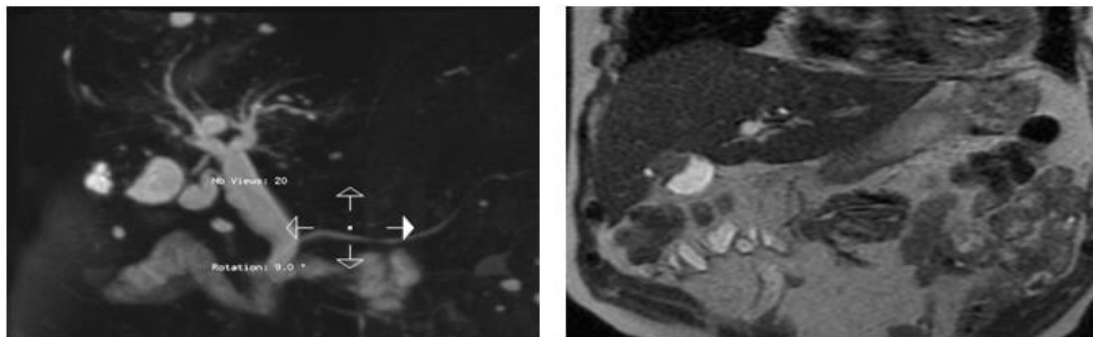
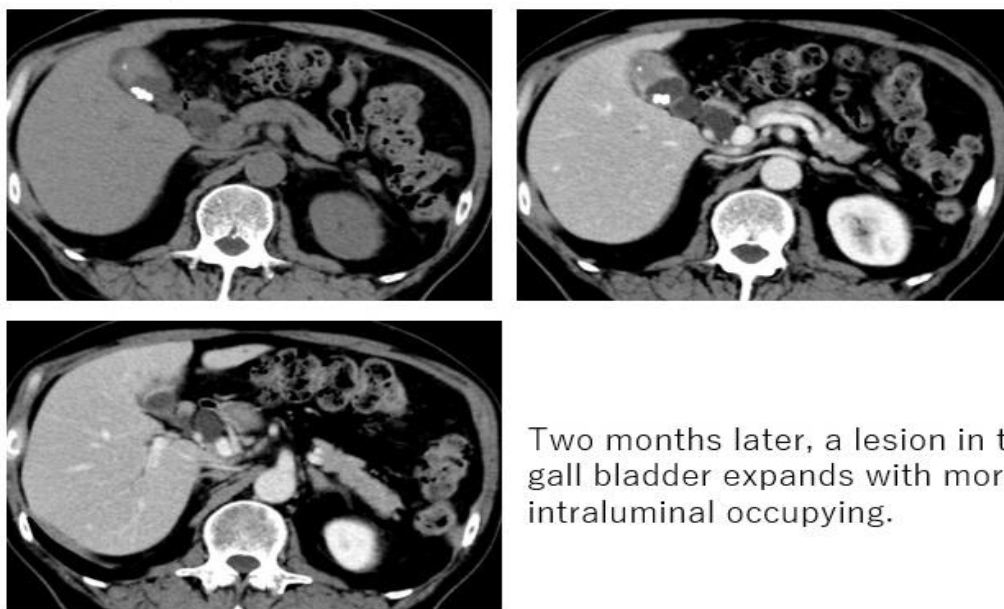


Fig. 3 A lesion in the gall bladder is depicted as low signal intensity on corona heavy T2WI and T2WI.



Two months later, a lesion in the gall bladder expands with more intraluminal occupying.

What is clinical diagnosis?

1. Xanthogranulomatous cystitis
2. Gall bladder cancer
3. Chronic cystitis
4. Adenomyomatosis

answer