

Summary

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Biliary tract carcinomas are rare and remain a major challenge for surgical, medical and radiation oncologists.

But it is considered as one of the commonest hepatobiliary malignancies after hepatocellular carcinoma. Biliary tract carcinoma includes cancer gallbladder, bile duct cancer and ampullary carcinoma.

Hepatobiliary system has a great variety of congenital anomalies and complicated anatomical structures that should be considered before any surgical interference. So surgery in hepatobiliary system depend mainly on the experience of the surgeon.

Many of these tumors are not resectable at time of presentation so palliation is often indicated. Recently with the progression of both invasive and noninvasive radiology the availability of surgical resection increased, especially when it is found that aggressive surgical resection is the only effective line of treatment.

Palliative treatment through endoscopic stenting and surgical bypass of biliary obstruction and even percutaneous transhepatic drainage of intrahepatic bile duct obstruction is also described.

The prognosis of biliary tract cancer depends on the pathological staging of the tumor and the survival rate depends on the radicality of surgical resection of the tumor.