Undifferentiated Hepatocellular Carcinoma Difficult to Distinguish from Liver Abscess

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A 57-year-old man was referred to our hospital with high fever and right costal discomfort. Laboratory data were: total/direct bilirubin 1.1/0.5 mg/dL, aspartate/alanine aminotransferase 143/82 IU/L, alkaline phosphatase 938 IU/L, C-reactive protein 18.26 mg/dL, hepatitis B surface antigen (-), hepatitis C virus antibody (-), alfa-fetal protein 3.6 ng/mL, PIVKA-II 35 mAU/mL, CEA 4.3 ng/mL, and CA 19-9 12.3 U/mL. Abdominal computed tomography (CT) revealed a solitary mass in the right lobe of the liver, measuring 10 cm in diameter with ring enhancement (Picture 1). Percutaneous drainage of the liver abscess yielded a small amount of berry red pus. We therefore performed liver biopsy after 3 days. Histopathological examination showed scattered multinucleated hyperchromatic cells and necrosis (Picture 2a). Immunohistochemical staining revealed tumor cells positive for cytokeratin CAM52 (Picture 2b), carbamoyl phosphatesynthetase-1 (HepPar1) (Picture 2c), cytokeratin (CK)19 (Picture 2d) and vimentin, but the tumor cells were negative for CK7 (1). The diagnosis was undifferentiated hepatocellular carcinoma. This tumor grows invasively, features a high incidence of extrahepatic metastasis, and follows a rapid clinical course. Therefore early diagnosis is important.

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Reference