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Clinical History (1)

- 71 year-old man
- Hepatitis-C for 5 years
- Intra-abdominal mass detected on US
- Physical examination: unremarkable
- Laboratory investigations: Mild elevation of AST, ALT. AFP: Normal.
Clinical History (2)

- CT-Scan, RMI: Large round hypodense mass.
- US Endoscopy: consistent with endocrine tumor
- Location difficult to be precise.
- Pre-operative diagnosis: HCC arising from segment I.
- Metastatic work-up: negative.
CT Scan after injection: Large round homogeneous hypodense mass with a thin wall, displaced anteriorly the D, and in contact with IVC.
Pre-operative findings

- Normal segment I
- Mass located in the angle between the portal vein and IVC
- Involving the duodenum and the head of pancreas
- Frozen section of periarterial hepatic LN -
- No other abnormalities. Wipple resection.
- Liver biopsy
Gross section of a large (12x6x5 cm) elongated retropancreatic mass, well defined and adherent to the common bile duct.
Tumor separated from Wirsung duct by a residual LN structure
Solid growth pattern, with hyaline globules. LN at the top.
Tubular formations with clear cells
Large eosinophilic tumor cells, with numerous hyaline globules
IH: Chromogranin, synaptophysin negative.
DIAGNOSIS

LN Metastasis of Hepatocellular Carcinoma
Follow-up (1)

- Primary liver tumor undetected
- No adjuvant treatment
- Patient seen regularly, and No liver tumor !!!
- BUT, 5 months later
CT Scan after injection at portal phase: small (2 cm) hypodense hepatic lesion
Right hepatectomy: 2 cm nodular clear colour tumor. HCC. No cirrhosis.
FOLLOW-UP (2)

- One year later. CT scan: Recurrence in the segment I
- Periarterial hepatic LN enlargement
- Portal vein thrombosis
- Chemotherapy
- Died from septicaemia, after 6 months.
DISCUSSION:

- HCC, most frequent primary liver tumor.
- Etiology: chronic viral disease, usually in the presence of cirrhosis.
- Non cirrhotic asymptomatic patients: 5%
- Abdominal pain, weight loss, ascites, and hepatosplenomegaly.
- Diagnostic problems unusual.
Unusual Presentation of HCC

- Recent onset of hypopituitarism
- Bilateral adrenal enlargement
- Dyspnea
- Speticaemia-like illness
- Mass before detecting of primary HCC:
  - Pancreatic mass, Thoracic wall mass…
  - LN metatases
LN Metastases of HCC

- Autopsy studies: Less frequent than Hematogenous ones (25-40%):
  - LN sites: hepatic hilar=peripancreatic, perigastric (10%).
  - Non cirrhotic cases, and PD-HCC.

- Surgical resection:
  - Very rare (1.7%)
  - Even rarer in small HCC (< 3cm).
Hepatic Lymph System

- Lymph flow to hepatic hilum to intra-abdominal LN, through the hepatoduodenal ligament
- Lymphatic spread found in some early HCC through complex bypass
- Skip LN metastases in the absence of regional LN involvement.
HCC, Screening

- The best interval for screening of HCC:
  - Most rapidly growing tumors: 4 months for 3 cm
  - From undetectable to 2 cm: 4-12 months

Our case: 5 months: 2 cm !!!

Clinically Silent and Radiographically Undetected HCC Presenting as a Large Retropancreatic Mass.
N. MOURRA, L. ARRIVE, F. PAYE.

*Clin Gastro Enterol Hepatol; in Press*
CONCLUSION

- Metastasis of HCC should be included in the differential diagnosis of:
  - Any rapidly growing lesions in unusual locations
  - During the follow-up of patients with chronic liver diseases
  - Regardless of a history of cirrhosis
  - Even if the intrahepatic tumor is undetected.
References


THANK YOU