

*Royal Belgian Society
for Surgery*



Primary liver tumor in an otherwise healthy liver

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Case

- 72-year old lady
- Presents with **epigastric pain**
- **PMH**
 - Appendectomy
 - Hysterectomy
 - Smoking: stopped in 2002
 - **Alcohol use: 4-5 units/day**
- **Ultrasound:** mass in the left liver lobe

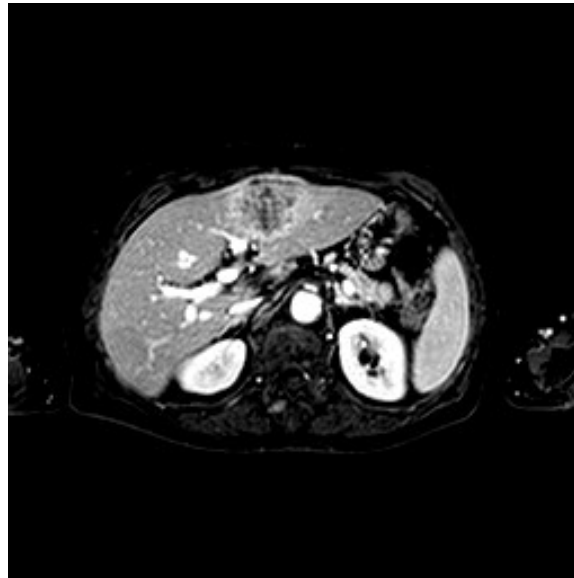
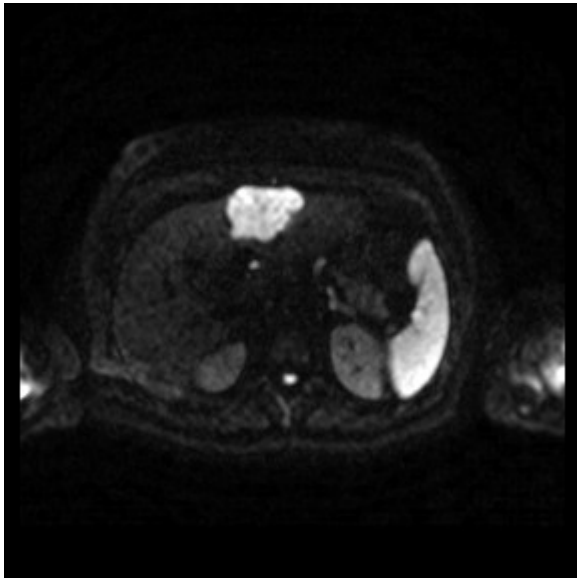


Case

- **Labs**
 - PT 80%, Platelets $236 \times 10^9/L$
 - Bili 1.12mg/dl, AST 62U/L, ALT 40U/L, GGT 93U/L
 - **Tumor markers:** CEA $5.3 \mu\text{g}/L$, CA19.9 19.8kU/, alfaFP $4.1 \mu\text{g}/L$
- **Gastroscopy/Colonoscopy** both negative
- **Abdominal CT scan (ext):**
 - Liver mass $5 \times 5 \times 4 \text{cm}^3$
 - Heterogenous contrast captation
 - **Capsular retraction**
 - Lymphadenopathy at liver hilum and portocaval area

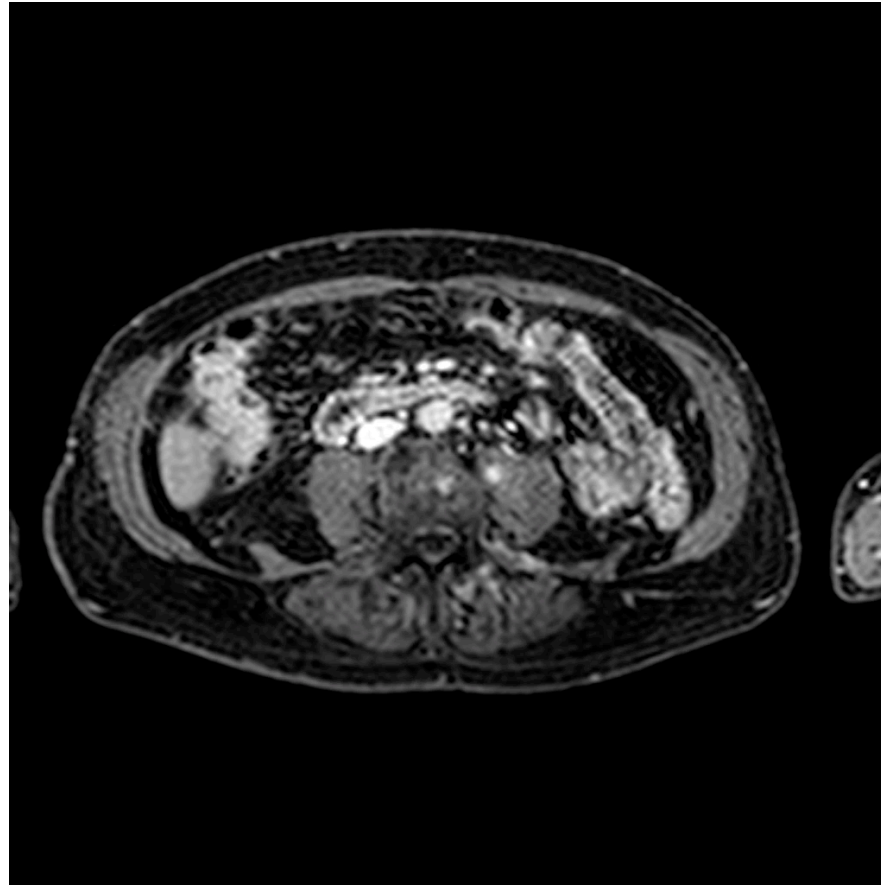
Case

- MRI (with primovist®)



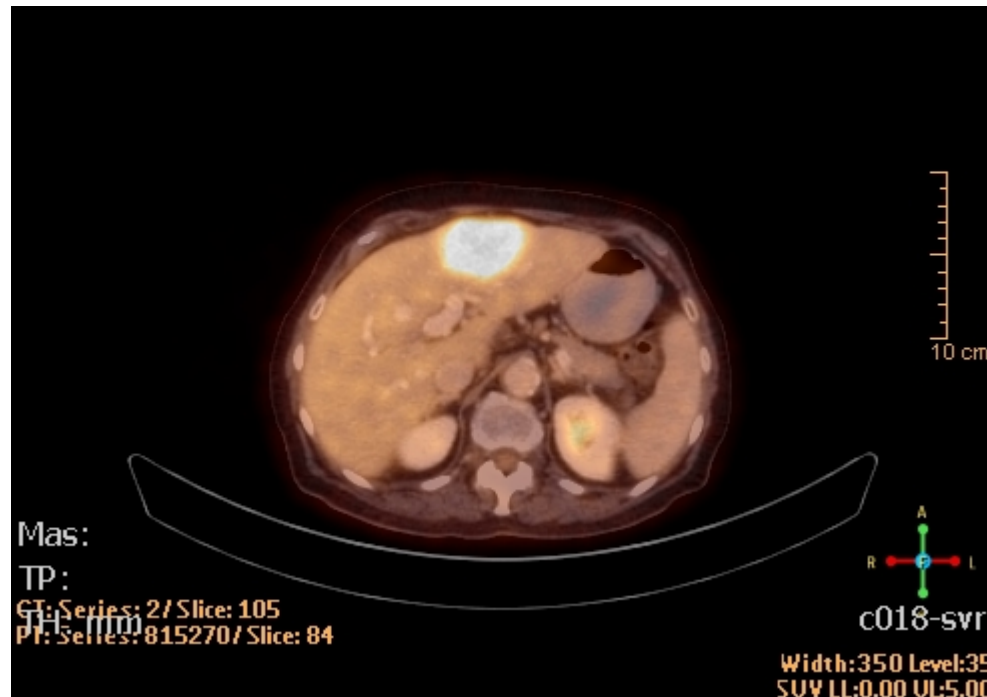
Case

- MRI (with primovist®)



Case

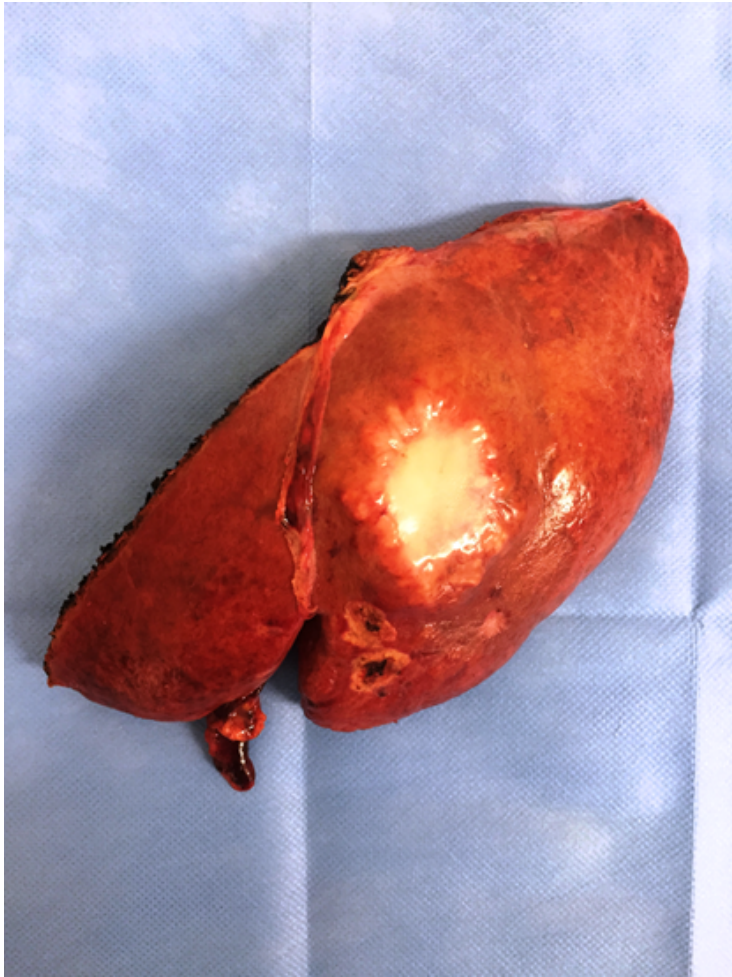
- 18-FDG-PET-CT



Case

- **Laparoscopic left hemihepatectomy and lymphadenectomy**
 - Operating time (skin-skin): 240min
 - Pringle time: 35min
 - Intraoperative blood loss (estimated): 250ml
 - Discharge POD5





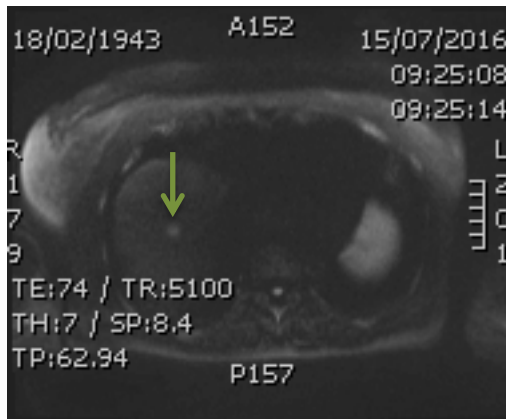
Pathology

- **Poorly differentiated cholangiocarcinoma**
 - Maximal diameter: 6cm
 - Minimal margin: 15mm
 - 5 negative lymph nodes
 - Conclusion: G3 pT1 N0 (0/5) M0 PNO LV0 R0
- Macrovesicular steatosis
- Components of macronodular cirrhosis

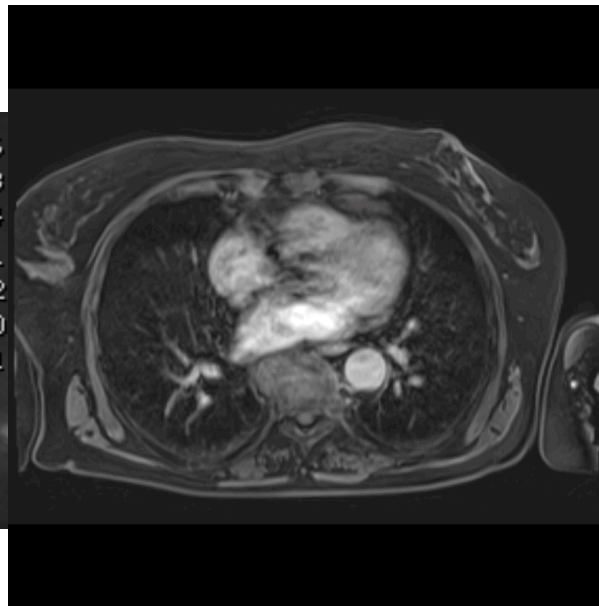


Follow-up

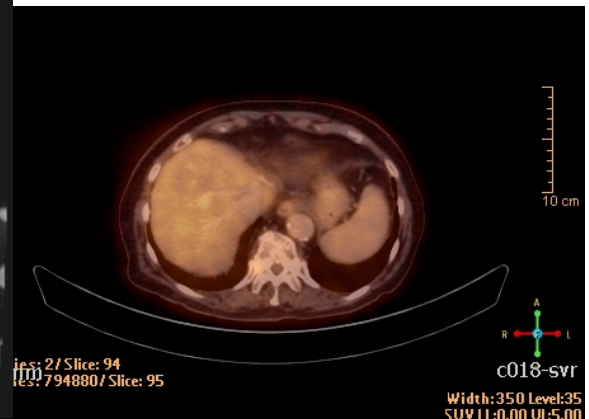
- During follow-up the patient developed a new lesion in segment 8



DWI



T1, arterial contrast



18-FDG-PET-CT

- 23/09/2016: laparoscopic MWA (tru-cut biopsy confirmed a new ICC)
- Current status: no recurrence

Questions or Comments?

