



# Case 4

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74 y/o, female

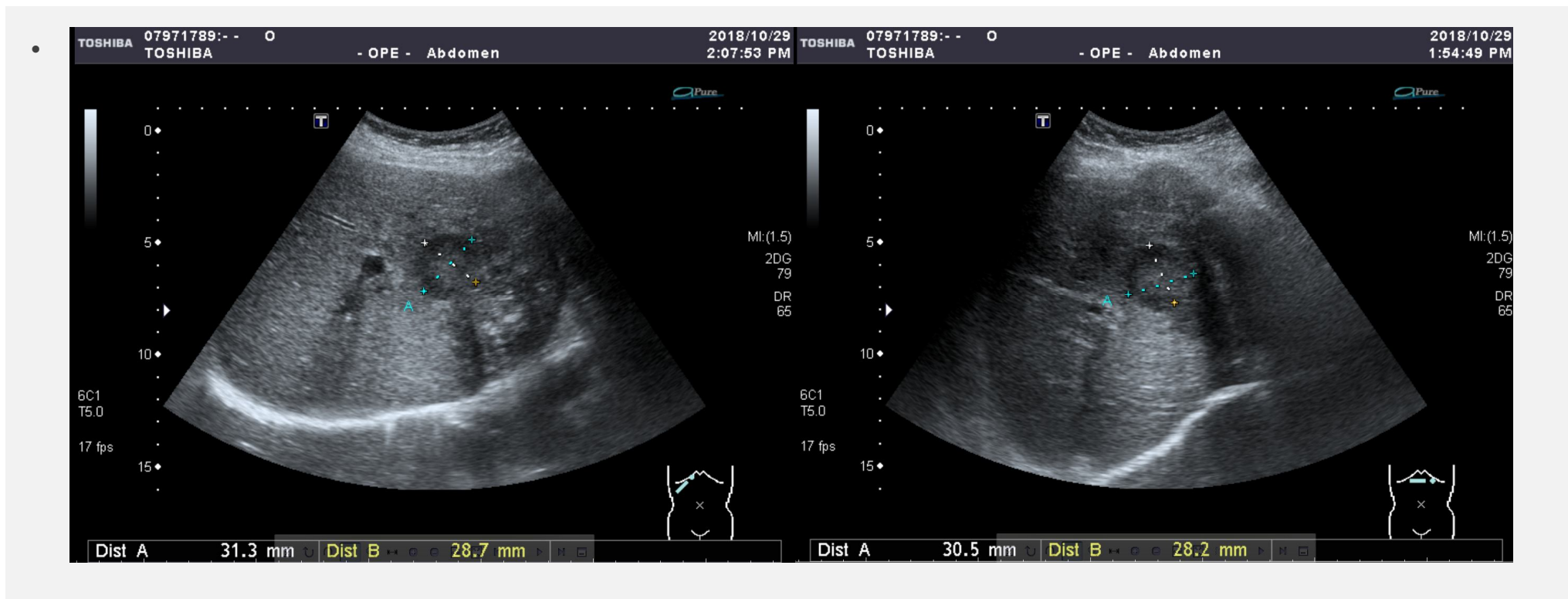
- PHx: T2DM, HTN, dyslipidemia, s/p cholecystectomy
- CC: upper abdominal dull pain, poor appetite and body weight loss (-14 kg) for 6 months

## Imaging

- 2018-10-29 Abdominal US
- 2018-11-05 Abdominal CT

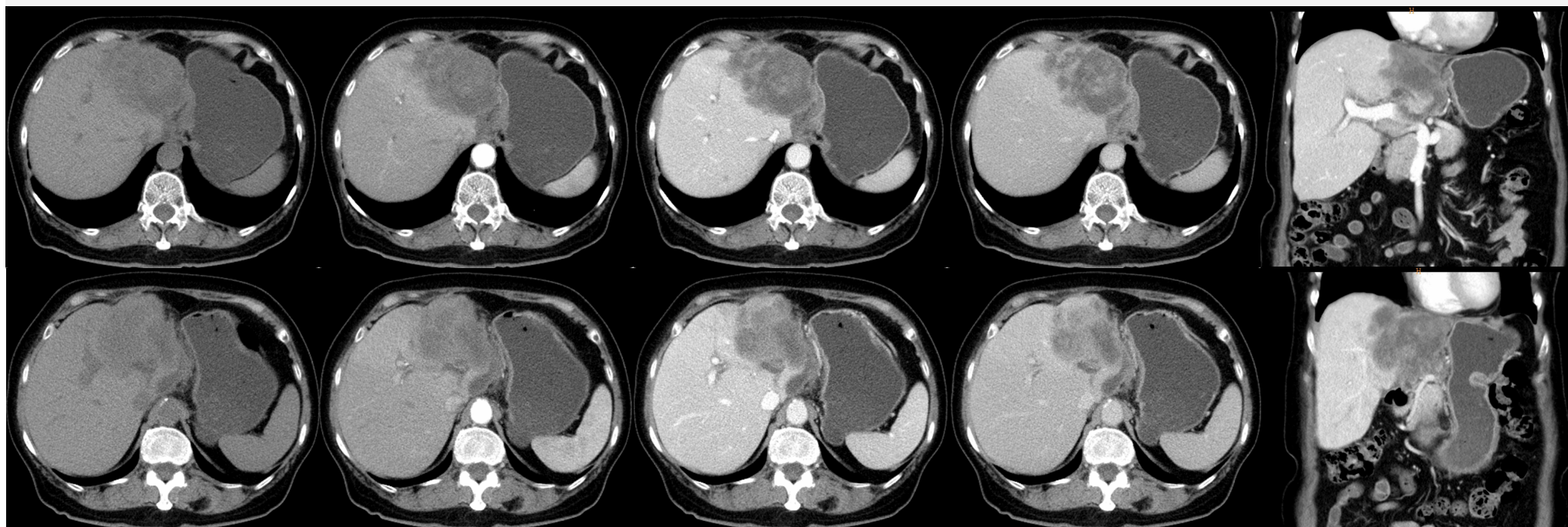
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Imaging 107-10-29



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Imaging 107-11-05



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## Differential diagnosis

- Mass-forming cholangiocarcinoma
- Hepatocellular carcinoma
- Liver metastases
- Hepatic abscess

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## Pathology

- **Diagnosis : Omentum, laparoscopic biopsy, Carcinoma, poorly differentiated**
- The specimen submitted consists of four tissue fragments measuring up to 2.4 x 1.2 x 0.6 cm. in size, in fresh state.
- Grossly, they are yellow and soft.
- Microscopically, it shows a high grade malignancy with sheets of epithelioid tumor cells with rhabdoid feature and frequent mitoses involving the omentum tissues. No glandular or hepatocellular differentiation is seen.
- Immunohistochemically, the tumor cells are CK (+), CK7 (+), WT-1 (cytoplasmic stain), PAX8 (-), CK5/6 (-), CDX2 (-), NUT (-), calretinin (-), Hep-Par-1 (-), arginase-1 (-), glypican 3 (-), glutamine synthetase (focal +), INI-1 (retained), D2-40 (-), ERG (-), and CD31 (10% weak staining only). A poorly differentiated carcinoma is considered.

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## Cholangiocarcinoma

### Epidemiology

- Mean age 65 years, slight male predilection.

### Radiographic appearances

- **Ultrasound**

- **Mass-forming intrahepatic:**

- Homogeneous mass of intermediate echogenicity with a peripheral hypoechoic halo of compressed liver parenchyma
    - Well delineated but irregular in outline and often associated with **capsular retraction**

- **Periductal infiltrating intrahepatic:**

- Associated with altered caliber bile duct (narrowed or dilated) without a well-defined mass

- **Intraductal:**

- Alterations in duct caliber, usually duct ectasia with or without a visible mass.
    - If a polypoid mass is seen, it is usually hyperechoic compared to surrounding liver

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## Cholangiocarcinoma

### Radiographic appearances

- CT
  - **Mass-forming intrahepatic:**
    - Homogeneously hypodensity; heterogeneous minor peripheral enhancement with gradual centripetal enhancement (depend on the degree of central fibrosis)
    - Capsular retraction, peripheral bile duct dilatation
    - Rarely forms a tumor thrombus
    - Lobar or segmental hepatic atrophy is usually associated with vascular invasion
  - **Periductal infiltrating intrahepatic:**
    - regions of duct wall thickening or of the periductal parenchyma, with altered caliber of the involved duct
    - most common at the hepatic hilum
    - tend to be longer than benign strictures and show contrast enhancement.
  - **Intraductal:**
    - Alterations in duct caliber, usually duct ectasia with or without a visible mass.
    - If a polypoid mass is seen, it is hypoattenuating on pre-contrast imaging and demonstrates enhancement.



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