Identification

- **Gender：Woman**
- **Age：** 60 years old
- **Marital status: married**
- **Source of information：**patient herself, her daughters and sons and transferred data

Chief Complaint

- Sudden onset of short of breath 1 month ago with pericardial effusion noted

Present Illness

- she felt mulitple discomforts such as general arthralgia and epigastic discomfort
- general malaise, and progressed dyspnea on excertion
- short of breathness became more severe and had an episode at noon about 1 months ago
- hypotension

Present Illness

- Obvious body weight loss (6+Kg in recent 1-2 month)
- post-meal abdominal fullness was also noted.
- Yellowish skin was noted in recent 2-3 days.

Past History (Past Medical History)

- Gall bladder stone treated with chinease herb 20 years ago
- Ureter stone s/p operation at 仁愛醫院 about 20+ years ago

Physical Examination

BP(mmHg) 93/62

PR(/min) 97

Chest

Breathing sound：**bilateral basal rales(+)**

Heart：Soft and distant, **Friction rub(+)** ,
S1(＋)，S2(＋)

續

- **Abdomen**：soft and enlarged, tympanic, **hyperactive**

EKG

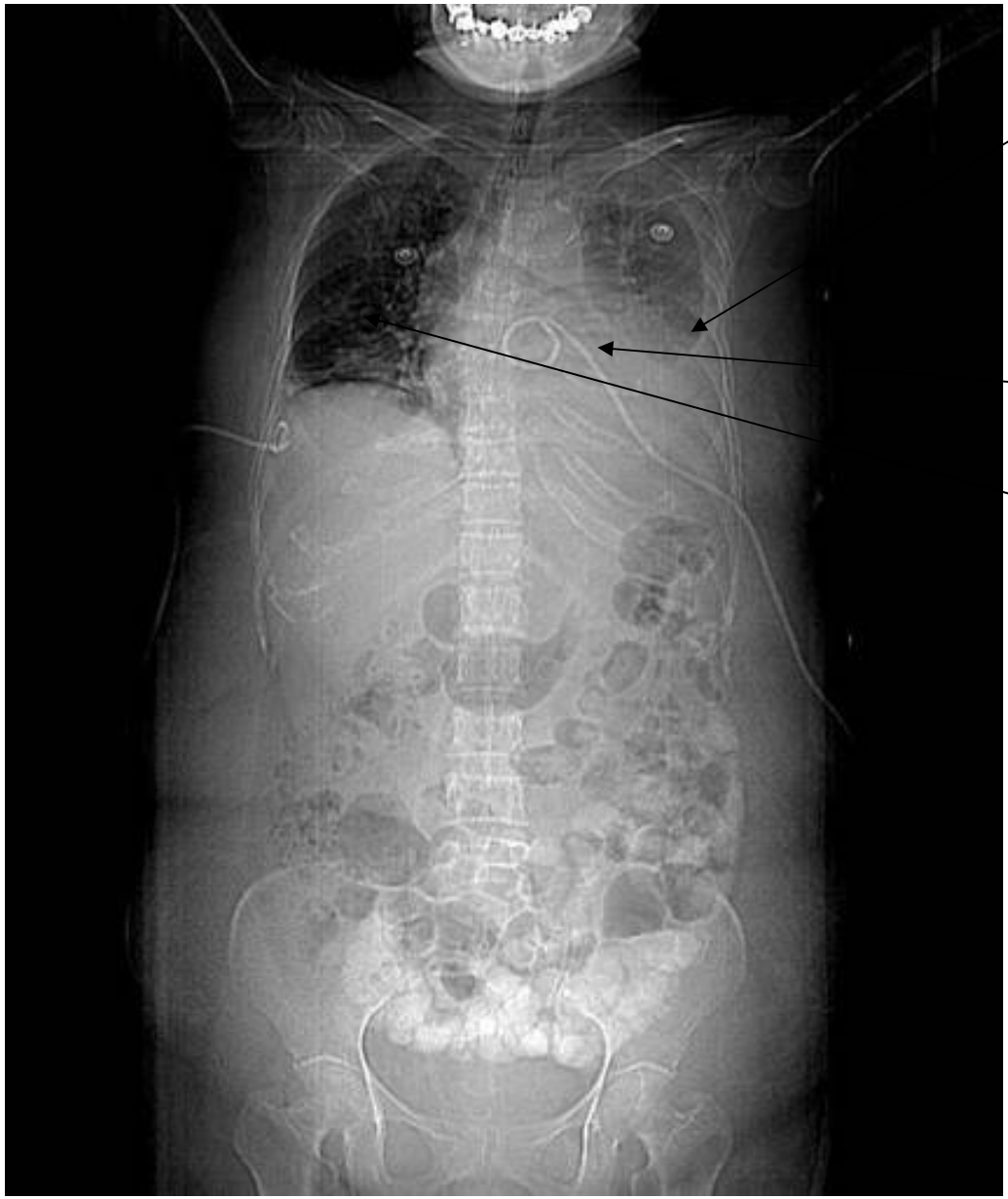
- diffuse low voltage of QRS wave were noted

Review of Systems (ROS)

- **Respiratory system：cough(+)**
- **CV system：dyspnea on exertion(+)，orthopnea(+)**
- **GI system：jaundice(－)，bowel habit change(+): decreased with poor intake**
- **Extremities：pitting edema(+)**

Laboratory Data

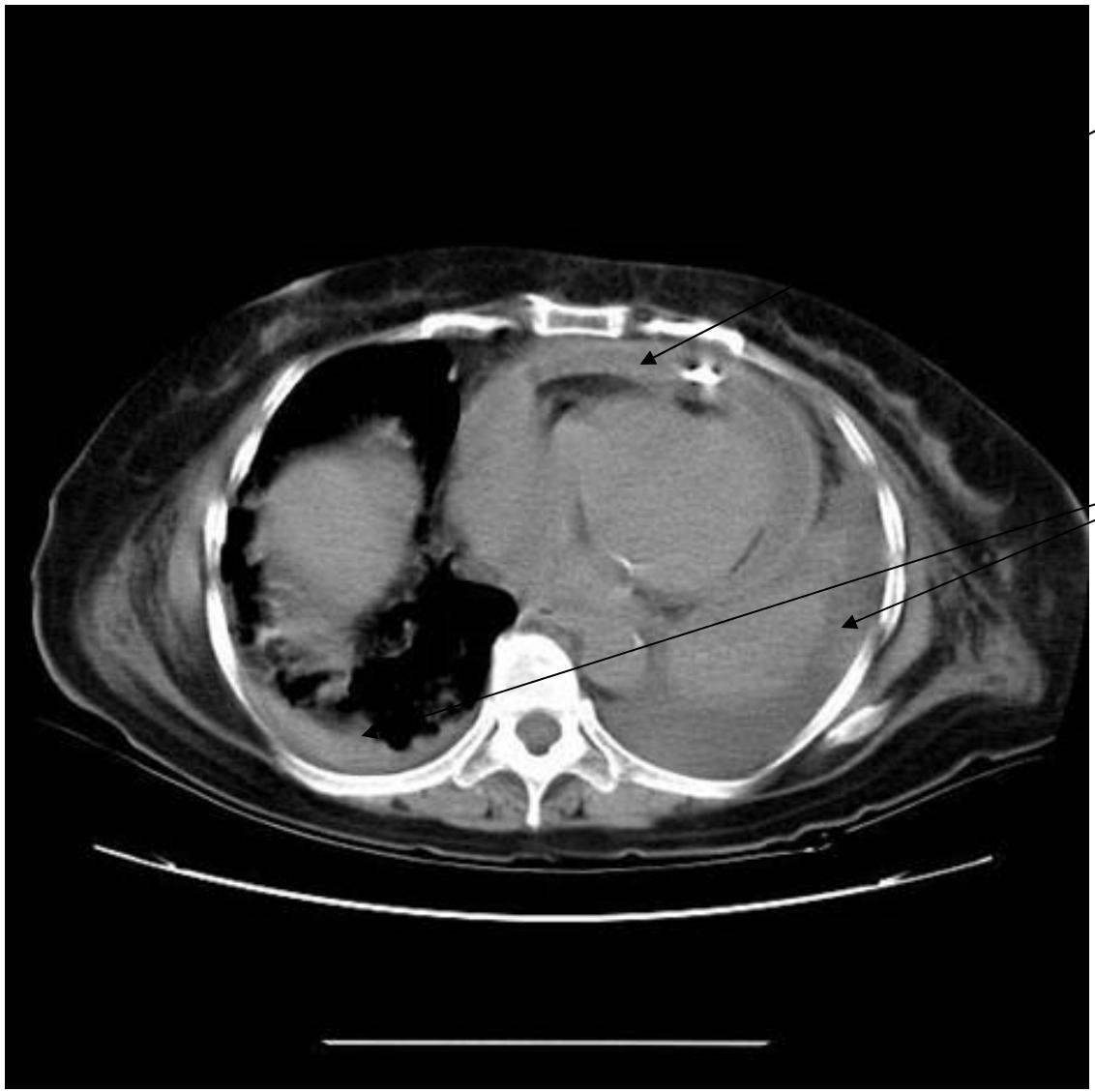
- Bun mg% 37
- Creatinine mg% 1.2
- GOT U/L 45
- A/G 2.5
- Bilirubin 0.7/1.2
- ALP 282
- r-GT 99



Bilateral pleural effusion with left lower lobe collapese

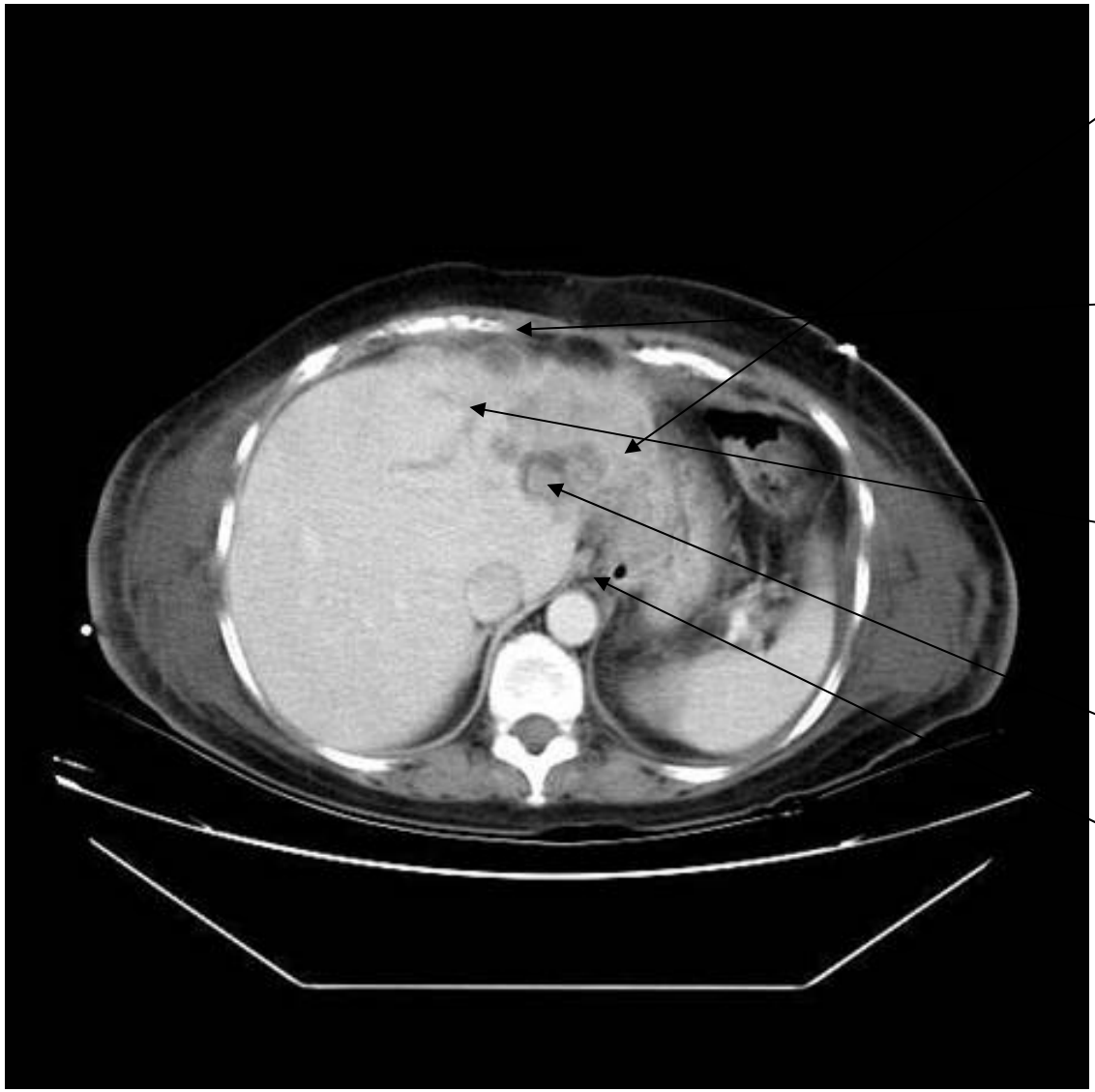
Cardiomegaly

Interstitial infiltration at both lung fields



Encapsulated anterior mediastinal fluids collection, and thickening of mediastinal wall (inflammatory reaction)

Pleural effusion with LLL collapse

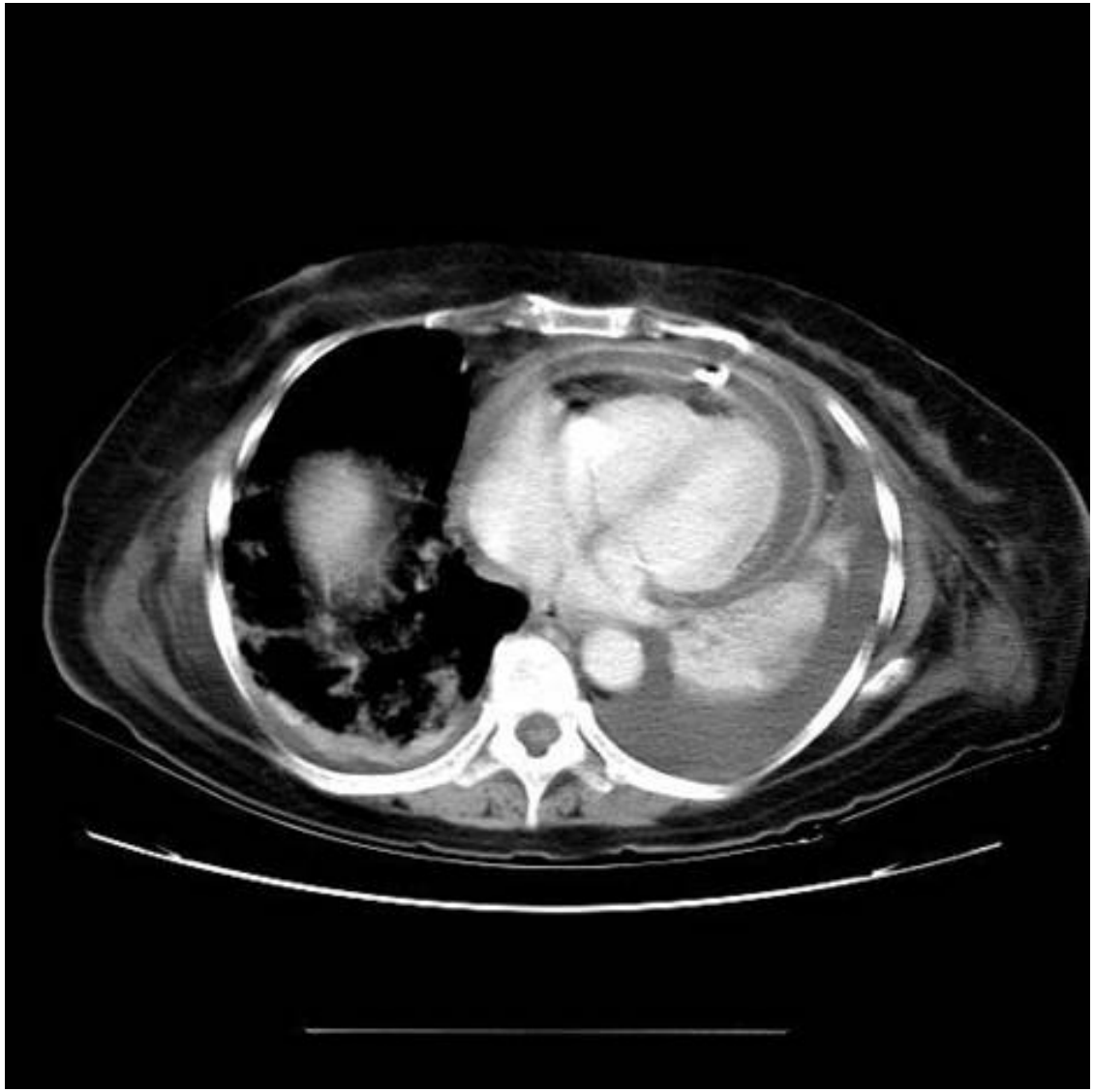


A huge, ill-defined, entire left lobe liver

Invasion to the anterior abdomenal wall

Dilatation of the left IHDs, associated with left IHD stone

A few lymph nodes noted near celiac axis



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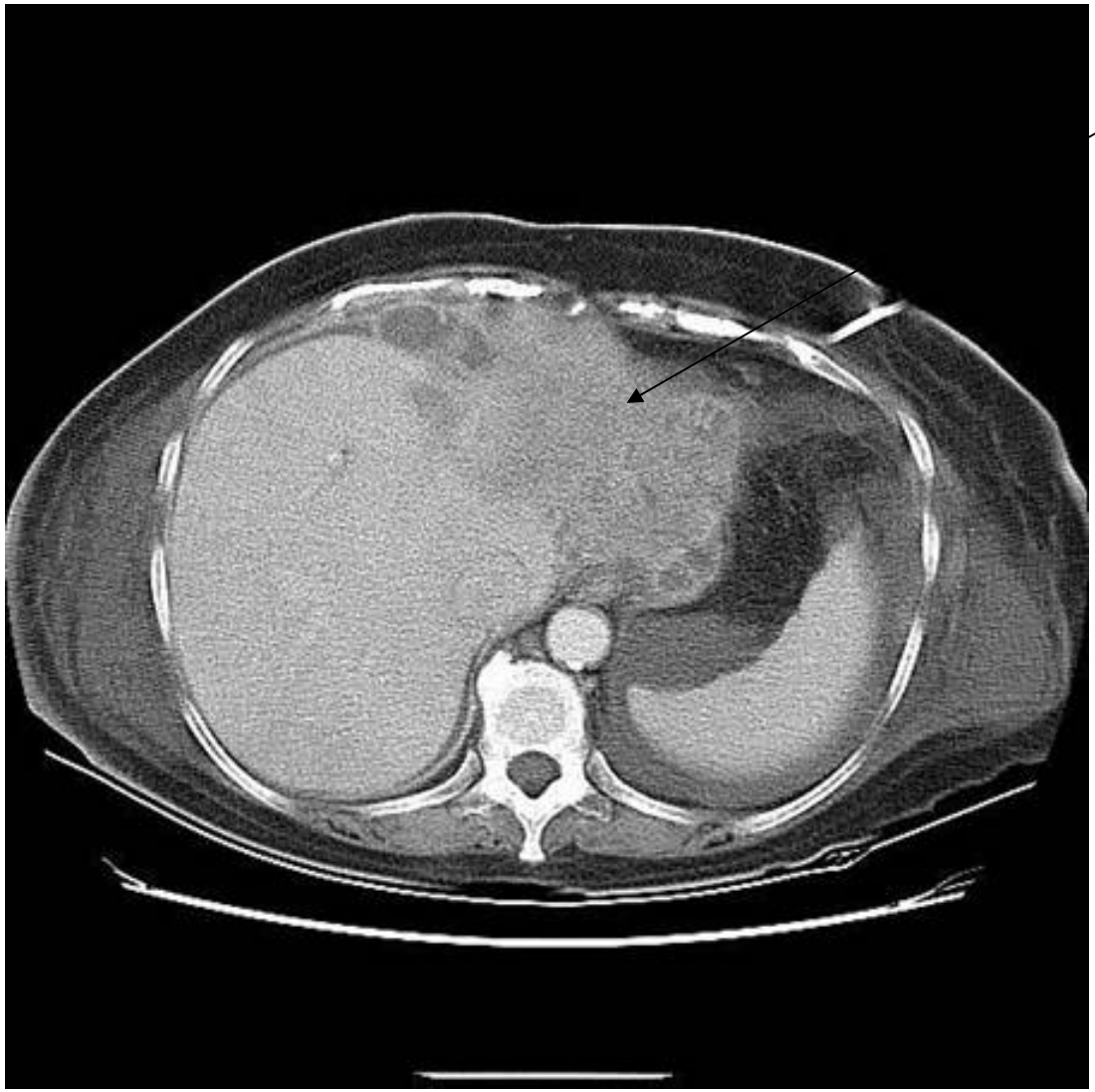

Heterogenous contrast enhancement after contrast injection

Radiological finding(1)

- Bilateral pleural effusion with left lower lobe collapese
- Cardiomegaly
- Interstitial infiltration at both lung fields

Radiological finding(2)

- Encapsulated anterior mediastinal fluids collection, and thickening of mediastinal wall (inflammatory reaction, maybe abscess formation)
- Pleural effusion with LLL collapse

Radiological finding(3)

- A huge, ill-defined, entire left lobe liver
- Invasion to the anterior abdomenal wall
- Dilatation of the left IHDs, associated with left IHD stone
- A few lymph nodes noted near celiac axis

Radiological finding(4)

- Heterogenous contrast enhancement after contrast injection

Differential diagnosis

MALIGNANT

Cholangiocarcinoma → Delayed enhancement (10 min.), retraction of capsule,

"fingers" along intrahepatic biliary system, periph edema

Angiosarcoma → Large vascular mass, calcifications,

Lymphoma → One dominant mass or multiple lobulated lesions, often poorly enhancing

Metastases → Complete outer ring with variable internal

Enhancement (often lower enhancement)

peripheral wash-out sign in hypervascular metastases

HCC → Mosaic pattern, fat, capsule in 25%, vascular

Invasion(early dynamic contrast enhanced CT. inhomogenously central necrosis

FLMHCC → Mosaic pattern, defined, non-enhancing stellar scar

BENIGN

Hemangioma → Nodular outer incomplete ring, gradual fill-in towards center

1.low density lesion on unenhancement

2. Early peripheral contrast enhancement

3.progressive opacification from the peripheral to the centre

4.a delay of at least 3 min before totaalopacification

5.eventual isodense appearance with or without an unopacified cleft

FNH → Homogeneous, hypervascular early, rapid washout,

central stellate “scar” which enhances,

central artery

Adenoma → Similar to FNH but capsule in 25%, hemorrhage,no enhancing “scar”

Abscess → Complete outer enhancing ring, central necrosis

Cyst → No perceptible wall, does not enhance, bright on

T2

Regenerating nodule → ≒ 1 cm, dark, especially on gradient echoes

Dysplastic nodule → > 1 cm, iso- or bright on T1, dark or isointense onT2

no area of bright signal on T2, enhances with contrast

Conclusions

- We prefer that Cholangiocarcinoma is the first priority owing to
- (a)Delayed enhancement (10 min.), constriction of capsule,
- (b)IHD dilatation, “fingers” along intrahepatic biliary system, periph edema
- (C)Gall stone formation

Final pathological report

- Microscopically, it shows a picture of adenocarcinaoma, angular and complex glandular pattern
- cell cord of single neoplastic cell infiltrating in the desmoplastic stroma, it is hard to differentiate from cholangiocarcinoma and metastatic adenocarcinoma in the liver biopsy