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Combined Hepatocellular-Cholangiocarcinoma in a Case of Suspected Hepatic Hemangioma

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ABSTRACT

Programmed In a patient with a history of hepatitis B virus related hepatocellular carcinoma, a tumor initially diagnosed as hepatic hemangioma gradually increased in size over a 7 year period. Considering malignancy, surgery was performed. Histopathologically the tumor was diagnosed as combined hepatocellular-cholangiocarcinoma.

Keywords: Combined hepatocellular-cholangiocarcinoma; Hepatic hemangioma

CASE DESCRIPTION

The patient was a 71 year old man visited our hospital due to hepatitis B virus infection. Seven years ago, a tumor was found in segment (S) 8 of the liver, diagnosed as hepatocellular carcinoma. He received radiofrequency ablation. At the same time, computed tomography (CT) showed another tumor that was 20 mm in S4. A hepatic hemangioma was considered by dynamic CT (**Figure 1**).

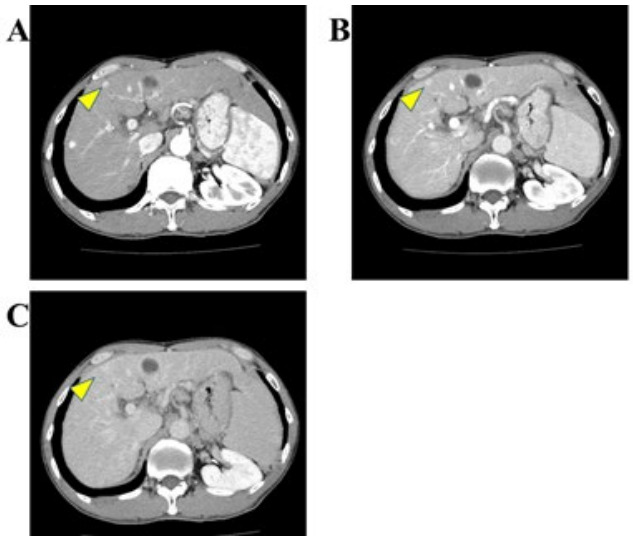

Figure 1: (A) Dynamic CT images show a faint lesion in the early phase (yellow arrowhead). (B) Mosaic pattern containing both enhancing and non-enhancing areas in the portal phase (yellow arrowhead). (C) Faded and delayed contrast-enhancing areas in the late phase (yellow arrowhead). CT, computed tomography

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After 7 years, the tumor was measured at 35 mm. The tumor was well enhanced after the portal phase and showed a low signal intensity in the hepatobiliary phase of gadolinium ethoxybenzyl diethlenetriamine pentaacetic acid-enhanced magnetic resonance imaging (**Figure 2**). On dynamic CT, the tumor was only slightly enhanced in the early phase; however, the tumor gradually enhanced and enhanced contrast in the late phase (**Figure 3**). As the possibility of malignancy, partial liver resection was performed. Histopathologically, the tumor was diagnosed as combined hepatocellular-cholangiocarcinoma (cHCC-CCA) [1].

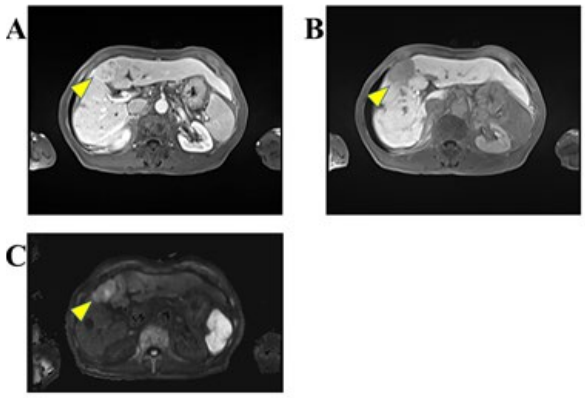

Figure 2: Gd-EOB-DTPA-enhanced MRI showing a well-enhanced lesion after the portal phase (yellow arrowhead) (A) and a low signal intensity lesion in the hepatobiliary phase (yellow arrowhead). (B) On DWI, the signal was not high (yellow arrowhead). (C) MRI, magnetic resonance imaging; Gd-EOB-DTPA, gadolinium ethoxybenzyl diethlenetriamine pentaacetic acid; DWI, diffusion-weighted imaging.

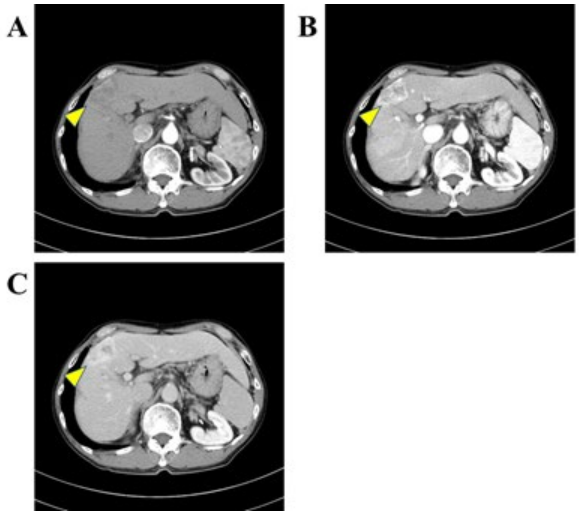

Figure 3: (A) Dynamic CT showing a slightly enhanced lesion in the early phase (yellow arrowhead). (B) The tumor was well enhanced in the portal phase (yellow arrowhead). (C) The tumor contrast continued in the late phase (yellow arrowhead).

The prognosis of cHCC-CCA is poor; hence, this case is notable as the tumor was resected after a prolonged period [2]. Regardless, clinicians should consider the possibility of cHCC-CCA in patients who have underlying liver disease or advanced fibrosis with atypical imaging findings despite an initial impression of a hepatic hemangioma.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interests

FINANCIAL DISCLOSURES

The authors received no financial support for the preparation of this article.

ETHICAL STATEMENT

Institutional review board approval was exempted at our institution for this retrospectively designed report and informed consent was obtained from the patient to publish this report.

AUTHOR CONTRIBUTIONS

AN: wrote the draft of the manuscript and prepared the figures. AN and MK: involved in writing. AN, WK and MK: revised and approved the final manuscript.

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CONSENT FOR PUBLICATION

Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy.

DATA AVAILABILITY STATEMENT

The data that support the findings are available on request from the corresponding author.

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