Fibroinflammatory lesion in the liver mimic malignant tumors: a case report

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Introduction

Fibroinflammatory tumor is an uncommon neoplasm that was formerly included within the broad category of inflammatory pseudotumor. It is rarely encountered in the liver. Because of no known unique diagnostic clinical, laboratory, or radiological features, it is very difficult to distinguish between benign and malignant.

Case presentation

◆ 53-year-old man
◆ Chief complaint: abdominal pain
◆ Patient presented with right upper quadrant tenderness with radiating back pain.

Blood test showed normal complete blood cell count, differential count and increased serum total bilirubin (1.9 mg/dl), AST (165 U/L), ALT (294 U/L), ALP (716 U/L), γGT (955 U/L). Cholangitis with distal common bile duct stone and gallbladder stones were diagnosed by computed tomography. The patient referred to our hospital to take an endoscopic retrograde cholangiopancreatography.

◆ Initial CT scan

About 4.7 cm sized ill-defined low attenuated mass with heterogeneous enhancement at S7 of liver with progressive central enhancement on dynamic enhanced images. DDx: r/o inflammatory lesion, vascular tumor such as epithelioid hemangioendothelioma, cholangiocarcinoma.

◆ We evaluated CBD with endoscopic retrograde cholangiopancreatography (ERCP) and removed two stones with sphincterotomy.

◆ After ERCP, Liver function test was normalized and symptom was improved.

◆ MRI

Ill-defined lobulated, elongated mass like lesion at S7 with low SI on T1, high SI on T2 and heterogeneously progressive enhancement with hyperemic change at perilesional parenchyma. Subtle low SI on HBP with mild diffusion restriction.

DDx: Inflammatory mass or r/o tumor.

◆ Serum α-fetoprotein and carcinoembryonic antigen (CEA) were within normal range, but cancer antigen 19-9 (CA 19-9) was elevated (42.0 U/mL).

◆ We cannot differentiated malignant tumor and decided to surgical resection.

◆ We did right posterior segmentectomy of liver.

◆ Histopathologic findings

Histologic findings were fibroinflammatory lesion with heavy plasma cell infiltration, fibroblasts proliferation, cholestasis, portal vein intimal proliferation, hepatic artery narrowing and organization, sinusoidal congestion.

Immunohistochemical stains were performed that IgG was positive but IgG4 was negative results.

Conclusions

Fibroinflammatory lesion of liver is a benign disease, and is extremely rare, especially difficult to distinguish from malignant tumor. The definitive diagnosis of it depends on careful pathological examination.