

Hepatocellular carcinoma: an entity needed to be differentiated

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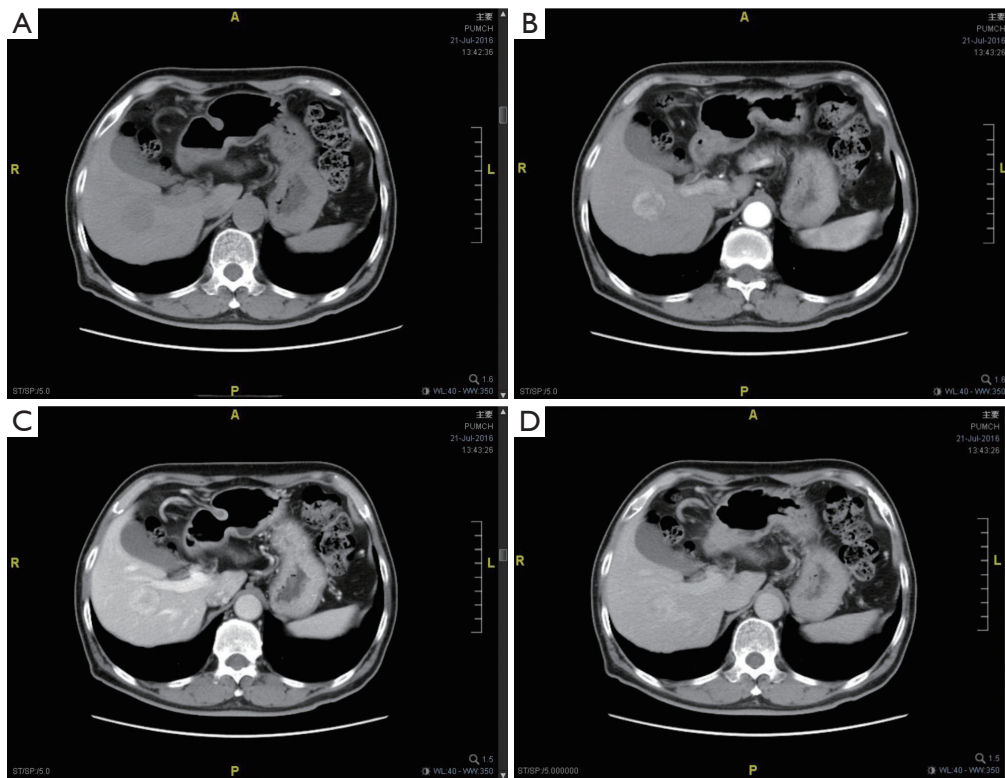
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A 75-year-old man presented with a liver mass detected by abdominal ultrasonography for health check-up. The size of the mass increased progressively within 3-month duration, and the patient was admitted to our department for treatment. He had a 12-year past medical history of diabetes mellitus, with no records of any hepatitis and alcohol abuse. The physical examination was unremarkable. Laboratory investigations, alpha fetal protein, and antigen carbohydrate 19-9 were within normal limits. Unenhanced computed tomography of the abdomen showed a well-defined hypodense nodule, measuring 3.2 cm in diameter, in posterior segment of the right hepatic lobe (Panel A). After administration of contrast medium, the lesion was seen as heterogeneously hyperattenuating during the arterial phase (Panel B), portal-venous (Panel C) and equilibrium phases (Panel D). A partial hepatectomy was performed for suspected malignant transformation. Microscopic examination of the excised specimen confirmed the diagnosis of high-moderately differentiated hepatocellular carcinoma. The postoperative course was unremarkable. The patient was advised to return for a regular follow-up visit.

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None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

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