

# Extranodal Rosai Dorfman disease mimicking multiple liver metastases

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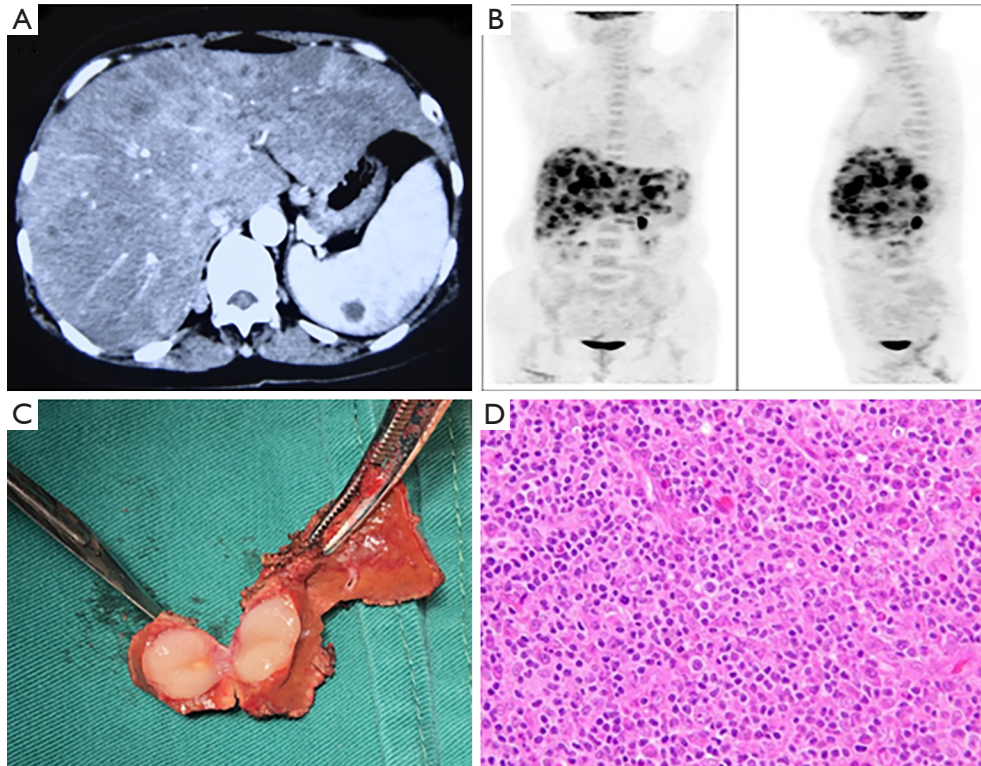
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A 59-year-old female patient was admitted to our center complaining of upper abdominal pain, fatigue, and intermittent fever for the past 4 months. Her cancer antigen 125 (CA125) level was 143.8 U/mL. The computed tomography (CT) scan showed multiple low-density foci in the liver with arterial enhancement, suggestive of liver

metastases (*Figure 1A*). Meanwhile, the positron emission tomography (PET)/CT scan demonstrated multiple FDG avid lesions in the liver with multiple enlarged lymph nodes in the left supraclavicular, mediastinal, supradiaphragmatic, hilar, and retroperitoneal regions, suggestive of liver and lymph nodal metastases (*Figure 1B*). The biopsy was



**Figure 1** Imaging findings of the patient. (A) CT scan suggesting multiple liver metastases; (B) PET/CT scan suggesting multiple liver metastases; (C) surgical specimen; (D) HE staining of tissue section (×200). PET, positron emission tomography; CT, computed tomography.

inconclusive. Therefore, a tuberectomy of the left lateral lobe of the liver was performed (*Figure 1C*). The HE staining showed histiocytic and T-lymphocytic reactive or proliferative lesions (*Figure 1D*). The final pathological diagnosis was extranodal Rosai Dorfman disease. Afterward, the patient had no complaints, and after 7 months of follow-up, the liver CT scan revealed complete remission.

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ICMJE uniform disclosure form (available at <https://hbsn.amegroups.com/article/view/10.21037/hbsn-20-642/coif>). The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this manuscript and any accompanying images.

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