Isolated primary extrahepatic hepatocellular carcinoma

A. Sarda

27 RPS, Triveni-I New Delhi, India

For correspondence:
A Sarda, 27 RPS, Triveni-I New Delhi, India. E-mail: aksarda@rediffmail.com

How to cite this article:

Hepatocellular carcinoma (HCC) presenting as an extrahepatic mass is most likely to be metastasis from the hepatic HCC; rarely, HCC at an ectopic site has been reported. We report a young pregnant patient with a six month history of upper abdominal mobile mass separate from the liver and the pregnant uterus. The biochemical parameters were within normal limits. Abdominal ultrasound revealed a large heteroechoic mass with central calcification and areas of necrosis seen in the body and fundus of the gall bladder. FNAC was reported as an undifferentiated malignancy. MR cholangiogram reported it to be arising from the fundus of the gall bladder and infiltrating the distal stomach. The liver and other abdominal organs were normal. The mass was excised along with the gall bladder and the distal stomach. The patient was discharged but did not report back for follow up. Histopathology report received later was a hepatocellular carcinoma.

Ectopic HCC are rare and till 1999 only twenty-six such cases were reported in literature. The ectopic liver is located outside the biliary tree, without any connection with the liver, usually attached to the gallbladder or abdominal ligaments; rarely, a microscopic ectopic liver may be located and contained inside the wall of the gallbladder. The sites of ectopy reported in the literature include the gallbladder serosa and wall, gastric serosa, gastroplenic ligament, a subdiaphragmatic horn-like position attached to the liver, and even intra thoracic. Thus, ectopic hepatocellular carcinomas have been reported arising from the left diaphragm, peritoneum, gall bladder, extrahepatic bile ducts, left chest wall and the pancreas.

Ectopic HCC can be confused with extrahepatic spread of HCC though the latter have advanced intrahepatic tumor and rarely metastasizes to the gall bladder.

Figure 1: Photomicrographs of hepatocellular carcinoma with necrosis (x100)

Figure 2: Photomicrographs of hepatocellular carcinoma with HCC cells arranged in broad trabeculae (x400)
rare hepatoid carcinoma of the gall bladder may mimic ectopic HCC\(^5\) with its shared clinical features like old age, high serum alpha-fetoprotein level and aggressive behavior.

REFERENCES