

Hanging Liver Tumor

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Fig 1 Pedunculated exophytic mass arising from the inferior part of left lobe of the liver.

Pedunculated hepatocellular carcinoma (HCC) is a type of HCC protruding from the liver with or without a pedicle and was first described by Roux in 1897. It is a rare variant of HCC, reported most commonly from Japan and rarely from other parts of the world.

A 55 year old lady presented with insidious onset of dragging pain over the left side of abdomen. There was no history of any specific bowel complaints, history of gastrointestinal bleeding or jaundice. Physical examination showed a large (approximately 15cm) hard mass palpable in the left upper abdominal quadrant extending downwards and freely mobile. Other organs and systems were normal. Multidetector CT (MDCT) of the abdomen showed a pedunculated exophytic lesion (12.1 (CC) x10.5 (AP) x13.1 (TR) cm size) arising from the inferior part of the left lobe of liver (Fig.1). It evidenced an enhancement such as that of liver parenchyma with central non-enhancing stellate area. The lesion was draining into the left portal vein. Serum

alpha-fetoprotein was normal (4.42 ng/ml). Viral markers were negative.

The patient underwent surgery. A pedunculated mass was seen hanging from the free edge of segment III. Gross pathology evidenced a greyish white to tan coloured soft mass measuring 15x10x3.5 cm. Adjacent parenchyma presented micro and macronodules. The final diagnosis was HCC, pseudoacinar pattern in the left lobe of the liver grade I (Edmonson-Steiner). There was no angiovascular or perineural invasion detectable. Resection margins and capsule were free. Adjacent liver parenchyma showed features of cirrhosis.

The patient is on regular follow up and doing well. Pedunculated HCC represents 0.24% to 3.00% of all cases of HCC [1-3]. Pedunculated tumors do not differ significantly from HCCs in terms of patient demographics, viral infection, or associated liver disease. The pedicle arose from the hepatic inferior surface or hepatic rim in most of the cases, followed by the right lobe. In most of the reported cases, HCC occurred in a cirrhotic liver and was completely resectable. Compared to the conventional type, pedunculated HCC shows a significantly better overall survival. This is because pedunculated tumors are more encapsulated, resection with wide margin is possible and they exhibit less vascular invasion. The preoperative diagnosis of pedunculated HCC was difficult previously, but with the availability of MRI and MDCT scans, the diagnosis is not that difficult now.

The pedunculated HCC should be considered in the differential diagnosis, when a solid mass in contact with a cirrhotic liver is observed [4]. This case is unusual in many ways, because it rose from the left lobe, it was large, was diagnosed preoperatively and could be completely resected.

References

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