

Cholangiocellular hepatocarcinoma

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Cholangiocellular carcinoma

A 86 year old female patient with osteoarthritis under non-steroidal anti-inflammatory drugs treatment presented with a 10 x 7 cm palpable mass in the upper abdomen. She died of peptic ulcer bleeding.

On the autopsy, her 1,259 g weighted liver showed micronodular cirrhosis and a white, firm, irregular shaped tumor that measured 9 cm in diameter affecting 80% of the left lobe (*Figure 1*). Histopathological study found a hepatocellular carcinoma of trabecular and scirrous type as well as cholangiocellular carcinoma (*Figures 2 to 5*).

Histologically, scirrous type hepatocellular carcinoma could be easily mistaken by a fibrolamellar carcinoma, since the latter usually show polygonal cells with abundant, eosinophilic cytoplasm and thick collagen bands.



Figure 1. Micronodular cirrhosis and cholangiocellular carcinoma of the left lobe.

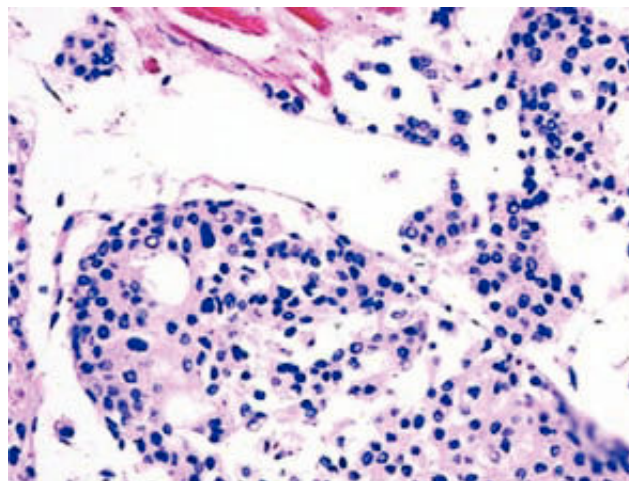


Figure 2. Syrian red stain of trabecular hepatocellular carcinoma.

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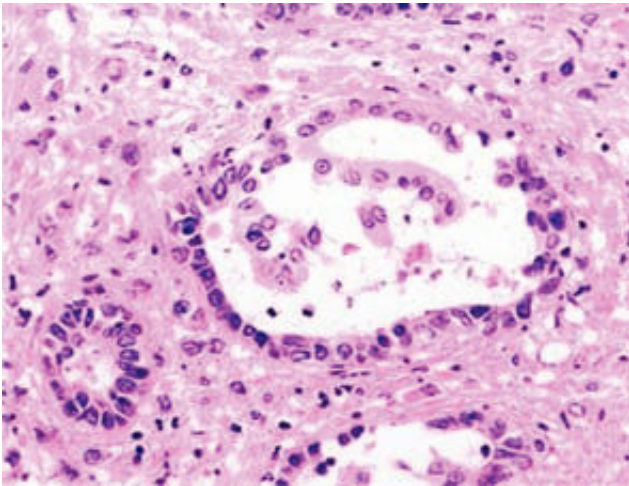


Figure 3. Hematoxylin-eosin stain of cholangiocellular carcinoma *in situ*. Hyperplastic tubular structures and biliary ducts are partially replaced by neoplastic cells.

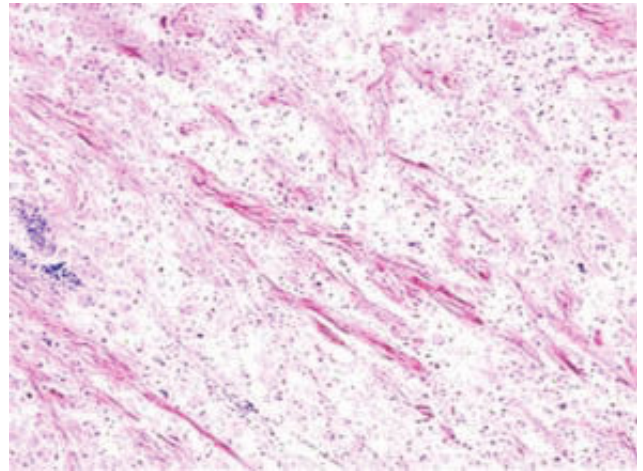


Figure 4. Red Syrian stain of hepatocellular carcinoma; scirrous type. Enlarged cells, with pleomorphic nuclei and macrovesicular steatosis are seen; abundant stroma is formed by parallel sheaves of collagen fibers.

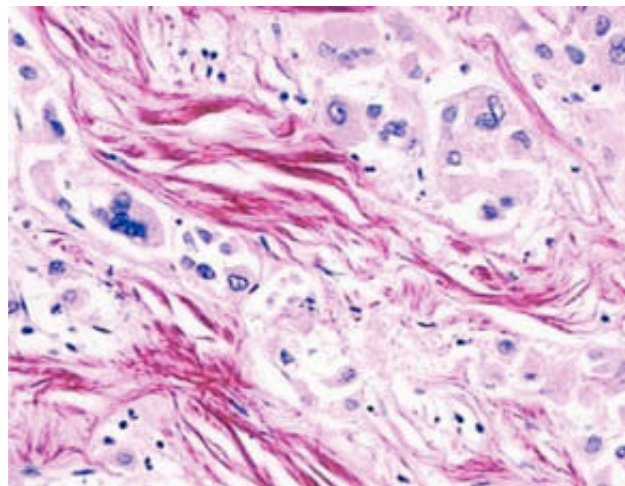


Figure 5. Detail from *Figure 4*, Syrian red stain. Of note, the scirrous type resembles fibrolamellar carcinoma.