

SESION CLÍNICO-RADIOLÓGICA

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INFORME DE ANATOMÍA (ES COPIA)

Descripción Macroscópica :

Identificado como biopsia de masa hepática se remiten 3 cilindros de tejido de coloración verdosa que miden 0,9, 0,9 y 0,5 cm de eje máximo. Inclusión total en 1 bloque.

Descripción Microscópica :

Los cortes histológicos muestran una proliferación de hábito epitelial que se dispone en un patrón trabecular en unas áreas y acinar en otras con estructuras pseudoglandulares, algunas de núcleos redondeados u ovoideos de contornos regulares y que muestran en algunas áreas nucleolos prominentes; se identifica alguna figura mitótica aislada. Se identifican áreas de necrosis conservada en otras. Con técnicas de inmunohistoquímica los resultados han sido los siguientes:HepPar: positividad parcheada.Glypican 3: negativo.CD34: positivo en la mayoría de los espacios

Diagnóstico :

BIOPSIA DE MASA HEPÁTICA DE 7 CM EN SEGMENTOS V Y VIII:NEOPLASIA HEPATOCELULAR BIEN DIFERENCIADA BORDERLINE (VER NOTA).

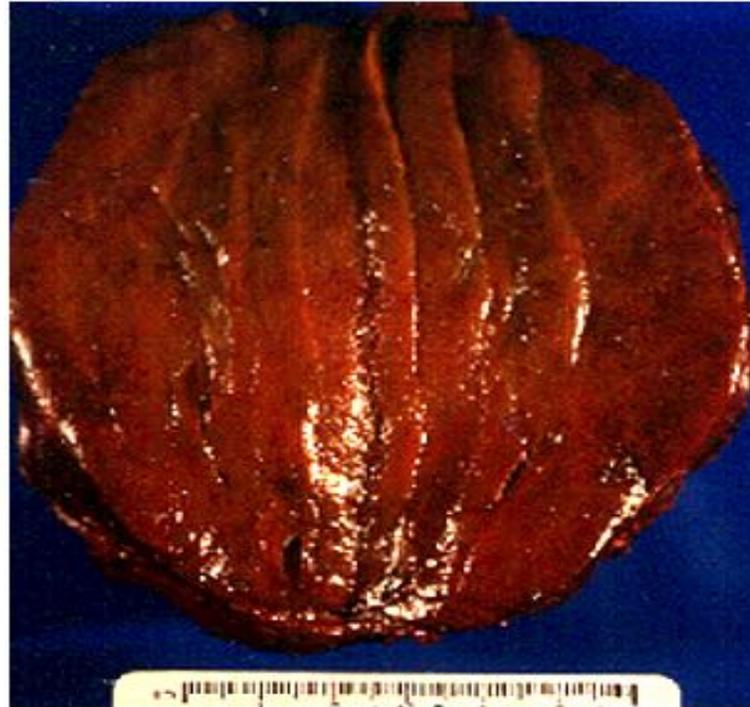
Notas :

Se plantea el diagnóstico diferencial entre un hepatocarcinoma bien diferenciado y un adenoma de tipo Beta-catenina activado, la clasificación genotípica fenotípica que es mas frecuente al desarrollo de un hepatocarcinoma. Teniendo en cuenta estos datos y el tamaño de la lesión se aconseja monitorización de la misma.

ADENOMA HEPATOCELULAR

Hepatocellular adenoma (HCA; also termed hepatic adenoma) is an uncommon solid, benign liver lesion that develops in an otherwise normal-appearing liver. Typically, HCAs are solitary and are found in young women in association with use of estrogen-containing medications. In addition, patients with glycogen storage disease or metabolic syndrome are at higher risk for developing HCA.

Hepatocellular adenoma



ADENOMA HEPATOCELULAR Clasificación

The HCA subtypes are [\[22,25,29,30\]](#):

- **HCA with hepatocyte nuclear factor (HNF)-1 alpha mutation** – HCAs with HNF-1 alpha mutation occur almost exclusively in women, comprise 35 to 50 percent of HCAs, and are characterized by diffuse steatosis and a lack of cytologic abnormalities or inflammatory infiltrates. On MRI, HCAs with HNF-1 alpha mutation demonstrate moderate arterial enhancement that does not extend into the portal venous phase. This subtype is associated with a low risk of complications for lesions <5 cm.
- **Inflammatory HCA** – Inflammatory HCA are predominantly seen in women and comprise 40 to 55 percent of HCAs. The histologic appearance is characterized by inflammatory infiltrates, sinusoidal dilation, tortuous blood vessels, and hemorrhage. MRI demonstrates intense arterial enhancement persisting into the portal venous and delayed phases.
- **HCA with beta-catenin activation** – HCA with beta-catenin activation are observed less often than the other subtypes (10 to 15 percent of patients) and are more frequently found in males. They are associated with use of androgens and display no specific characteristic features on contrast-enhanced, multiphasic MRI [\[22,25\]](#). Morphologically, the beta-catenin subtype is characterized by cellular atypia, cholestasis, and pseudoglandular formation [\[31\]](#).

Proteina Beta-catenina

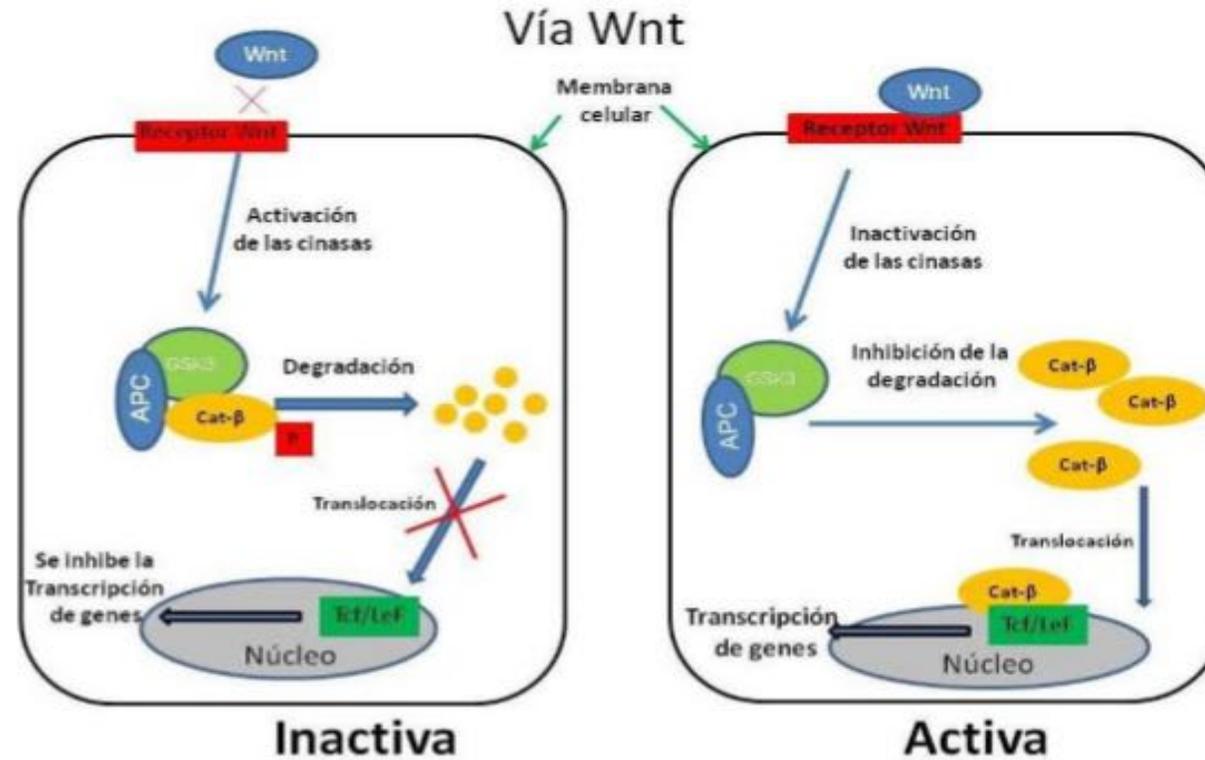


Figura 3. Vía de señalización Wnt. La función de transducción de señales de la catenina beta es regulada a través de los niveles de catenina beta que se encuentran libres en el citoplasma y que pueden ser translocados hacia el núcleo. Los niveles de la catenina beta son controlados a través de la vía Wnt: a) en su forma inactiva esta vía promueve la fosforilación de la catenina beta a través de un complejo de cinasas (GSK3/APC) provocando su degradación b) mientras que en su forma activa se inhibe la fosforilación de la catenina beta dando por resultado su translocación hacia el núcleo, donde se une a co-activadores de la transcripción génica (Tcf/LeF).

Adenoma hepatocelular Diagnostico

DIAGNOSTIC APPROACH

The diagnosis of HCA may be suspected in a patient without cirrhosis who is found to have a solid liver lesion on imaging. If the diagnosis is suspected based on ultrasound or computed tomography (CT) findings, contrast-enhanced, cross-sectional imaging using multiphase magnetic resonance imaging (MRI) is performed. The general approach to incidental liver lesions identified by ultrasound or CT is discussed separately. (See "[Solid liver lesions: Differential diagnosis and evaluation](#)".)

The diagnostic approach depends on whether the patient is female or male:

- For female patients, the diagnosis of HCA is made with contrast-enhanced, cross-sectional imaging using multiphase MRI [22,47]. (See '[Imaging studies](#)' above.)

Core needle biopsy or fine needle aspiration of the lesion is usually not indicated because the tissue obtained is frequently insufficient to establish a diagnosis and because HCA may be difficult to distinguish microscopically from normal hepatocytes.

- For male patients, the diagnosis is made with cross-sectional, contrast-enhanced imaging using multiphase MRI and is generally confirmed with histology obtained at the time of surgical resection. (See '[Men](#)' below.)

ADENOMA HEPATOCELULAR malignización

Malignant transformation — The risk of malignant transformation from HCA to hepatocellular carcinoma is approximately 5 percent, and risk factors include male sex, lesion size >5 cm, and beta-catenin activation subtype [25,34,55,57]. An increase in size on sequential imaging studies should raise concern that malignant transformation has occurred. The long-term prognosis for patients with HCA with malignant transformation who undergo surgical resection is good, and recurrence is uncommon [34]. (See '[Classification](#)' above.)

PROGNOSIS

The prognosis for patients with HCA is not well established. While some lesions may regress or resolve (particularly after discontinuation of oral contraceptives [OCs]), HCAs have been associated with spontaneous hemorrhage and rupture and with malignant transformation. (See '[General measures for all patients](#)' above and '[Complications](#)' above.)

ADENOMA HEPATOCELULAR Tratamiento

For asymptomatic women with lesions >5 cm in the setting of OCs, discontinuing OC and performing surveillance contrast-enhanced MRI in 6 to 12 months is an acceptable alternative.

- For men with HCA of any size, we recommend surgical resection rather than surveillance because of the risk of malignant transformation (**Grade 1C**). (See '[Men](#)' above.)

ADENOMA HEPATOCELULAR

- Causa rara de lesión sólida hepática.
- Asintomática salvo sangrado.
- Asociado a : Estrógenos/anabolizantes, obesidad, glucogenopatías.
- Lóbulo derecho, bien delimitado,tamaño variable
- Diagnóstico : -mujeres : RMN
-Hombres : Bx
- Transformación maligna : -mujeres : 5%
-hombres : 47%
- Manejo : -mujeres: asint / <5 cm : RMN cada 6 meses
-hombres : Resección, BETA-CATENINA ACTIVADA.

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