

Image of the Month

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A 27-YEAR-OLD, HEALTHY-APPEARING WOMAN presented with vague abdominal discomfort. Her medical history included only oral contraception. Physical examination results were remarkable for a palpable mass of mild tenderness in the upper right quadrant. Serum levels of tumor markers (carcinoembryonic antigen, carbohydrate antigen 19-9, and α -fetoprotein) and serology results for echinococcosis were negative. Abdominal computed tomography and hepatic magnetic resonance imaging showed a 9-cm-diameter, solid, heterogeneous, capsulated mass with scattered calcifications that had developed from the inferior part of segment VI of the liver (**Figure 1**). Gastroscopy and colonoscopy results were normal. The patient underwent liver resection by bisegmentectomy of segments V and VI, including hepatic pedicle lymphadenectomy.

Gross examination of the surgical specimen revealed a solid, nodular, well-circumscribed, white mass. The cut surface was firm and had a homogeneous appearance with-

out any evidence of necrosis or hemorrhage. Histologically, the lesion was characterized by a thin fibrous capsule and was composed of a proliferation of spindle cells with small nuclei and a collagen-rich stroma. Within the fibrocollagenous tissue, there were several dystrophic calcifications, psammoma bodies, lymphoid aggregates, and a few foamy macrophages (**Figure 2**). Immunohistochemical staining showed negative results for antibodies against S-100 protein, caldesmon, smooth muscle actin, desmin, CD34, CD117 (c-kit), anaplastic lymphoma kinase protein, and keratin. Stains were focally positive for β -catenin. Proliferation index Ki67 was inferior to 1%. No lymph node metastasis was observed.

What Is the Diagnosis?

- Calcifying liver metastasis
- Intrahepatic cholangiocarcinoma
- Hepatic calcifying fibrous pseudotumor
- Focal nodular hyperplasia

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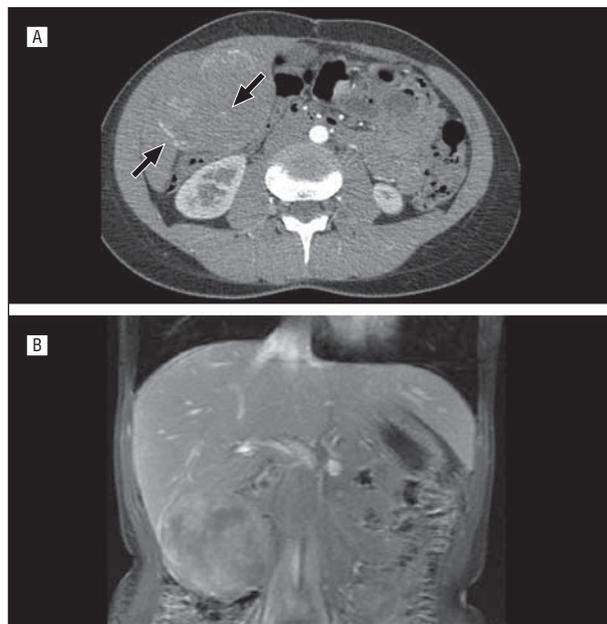


Figure 1. A contrast-enhanced abdominal computed tomographic scan (A) and a hepatic magnetic resonance image (B) showing a large, heterogeneous, solid, capsulated mass. A, Black arrows indicate intratumoral and peritumoral calcifications.

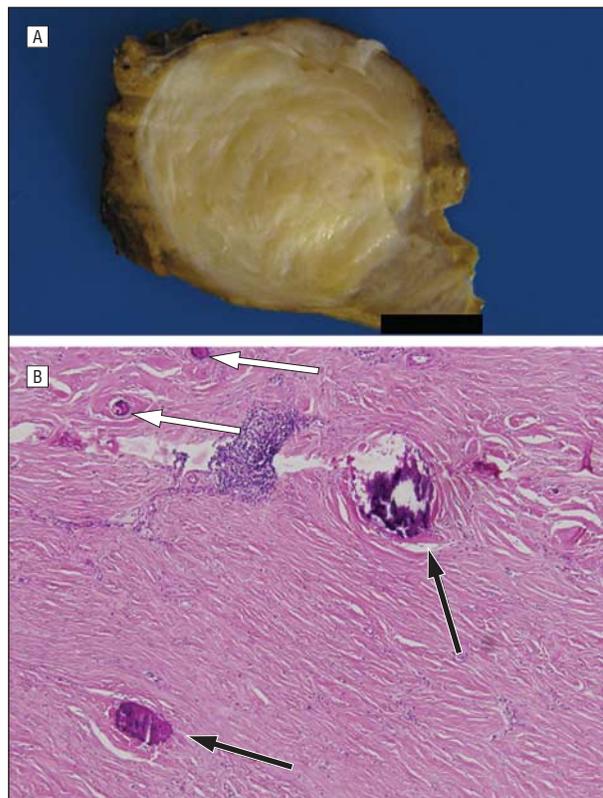


Figure 2. The surgical specimen on gross examination (A) and a high-power photomicrograph showing dense collagen bundles, dystrophic calcifications (white arrows), and psammoma bodies (black arrows) (hematoxylin-eosin, original magnification $\times 100$) (B).