

Klaikaew N

Case 1

An eighteen-year-old man had abdominal pain over the RUQ for 2 months. There was no body weight loss, fever, nausea, vomiting, or jaundice. He denied a history of blood transfusion, IVDU, and liver disease. Physical examination on admission revealed a solid 7 x 7 cm bulging mass palpable of the abdomen. Labo-

ratory investigations revealed normal LFT. The serum level of AFP was 2.5 ng/mL. Tests for hepatitis B surface antigen, anti-HCV, and anti HIV antibodies were negative. Liver biopsy was performed and core tissue biopsy shows groups of large, densely eosinophilic tumor cells surrounded by fibrous septa in parallel arrays.

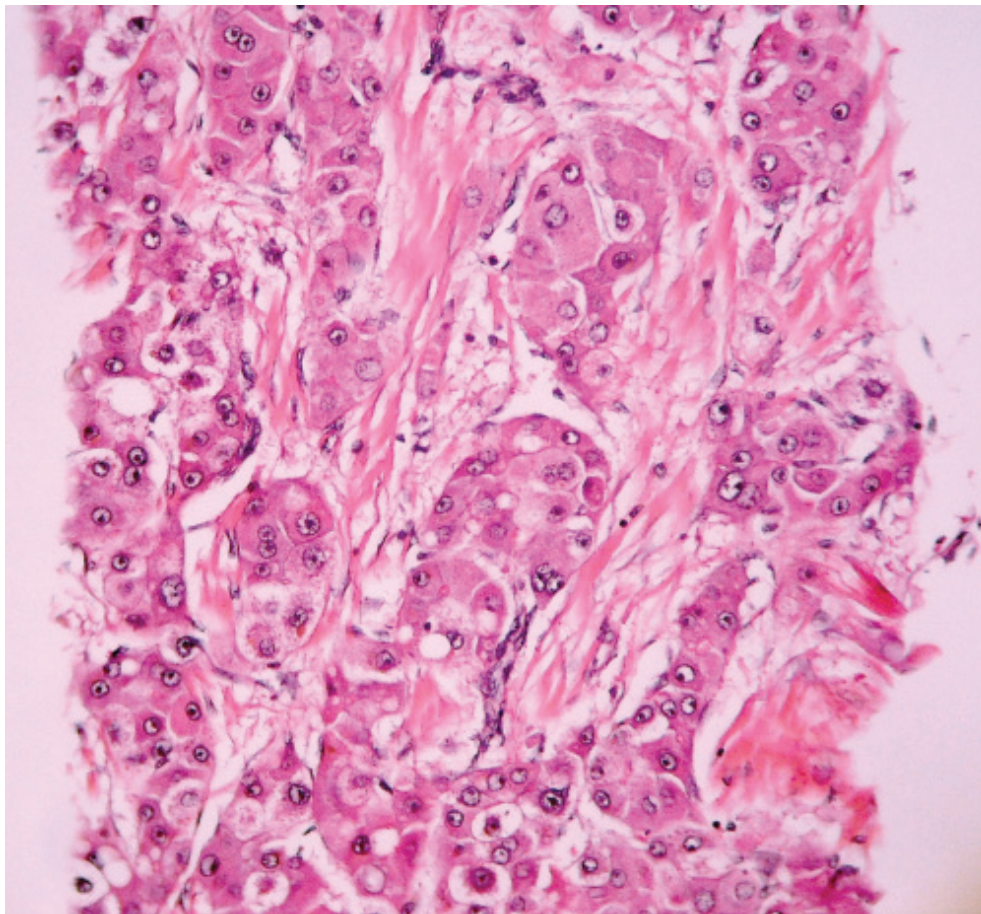


Figure 1.

What is the most likely diagnosis?

(Answer see page 65)

Case 2

A 60-year-old man with a long-standing history of chronic hepatitis B virus (HBV) complicated by cirrhosis presents with abdominal distension, yellow eyes, RUQ abdominal pain, decreased appetite, and weight loss for several weeks. Physical examination reveals a cachectic man with jaundice, palmar erythema, as-

cites, and a palpable mass in RUQ. The investigation found rising alpha-fetoprotein and CT imaging seen hypervascularity in the arterial phase scans, washout or de-enhancement in the portal and delayed phase studies, a pseudocapsule and a mosaic pattern. The liver biopsy was done and core tissue reveals malignant hepatocytes arranging in trabecular pattern

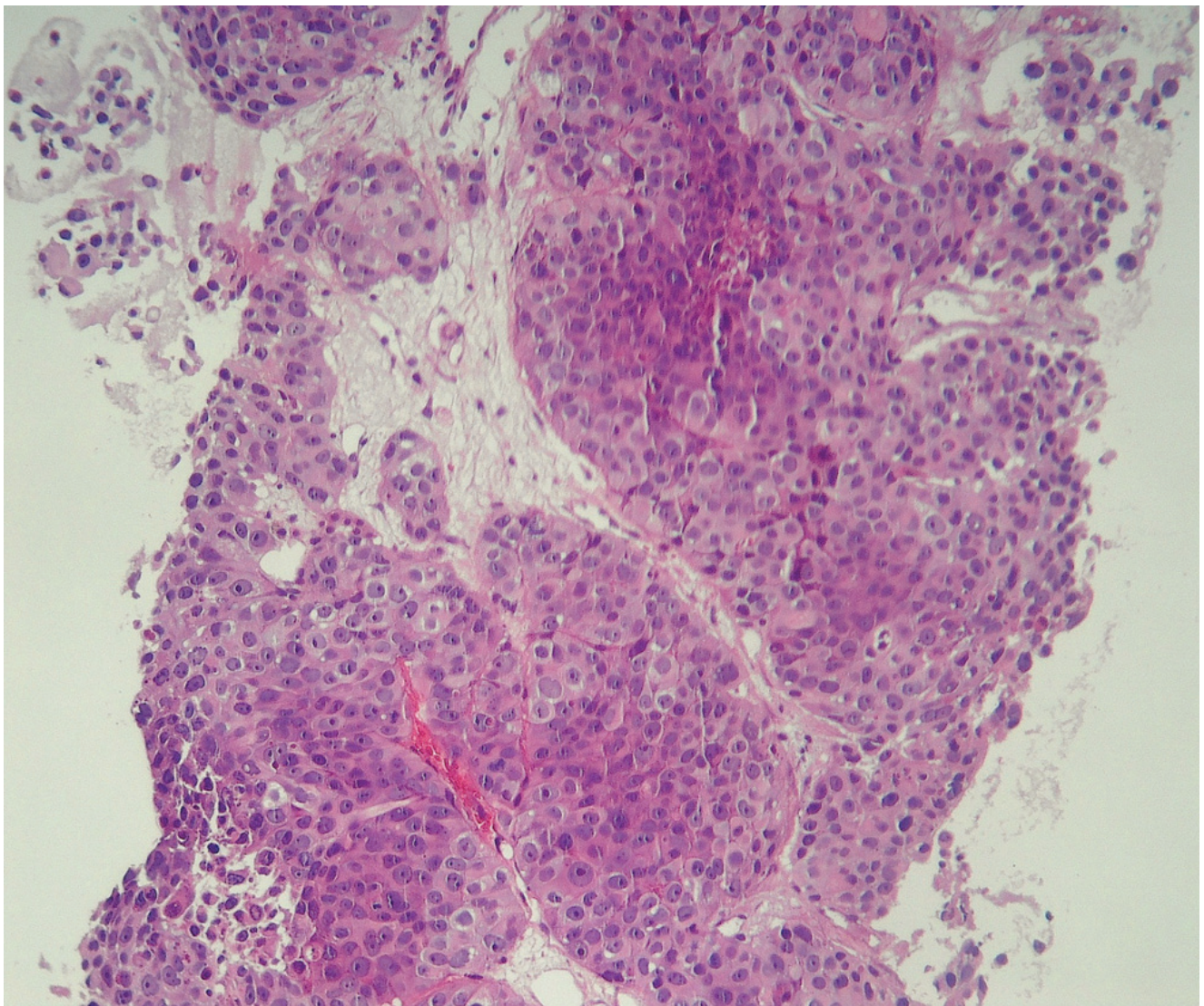


Figure 2.

What is the most likely diagnosis?

(Answer see page 65)

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Case 3

A 20 year olds female patient with HIV-positive who had suffered intermittent abdominal pain and diarrhea of 3 weeks duration. The hematological findings included leukocytosis (18,600) with eosinophilia

(73%) and identified rhabditiform larvae in stool. The gastroscopce was performed revealed redness, inflamed and swelling mucosa of entire stomach. The biopsies were done and reported gastritis with eosinophilic abscess enclosing *Strongyloid sp.*

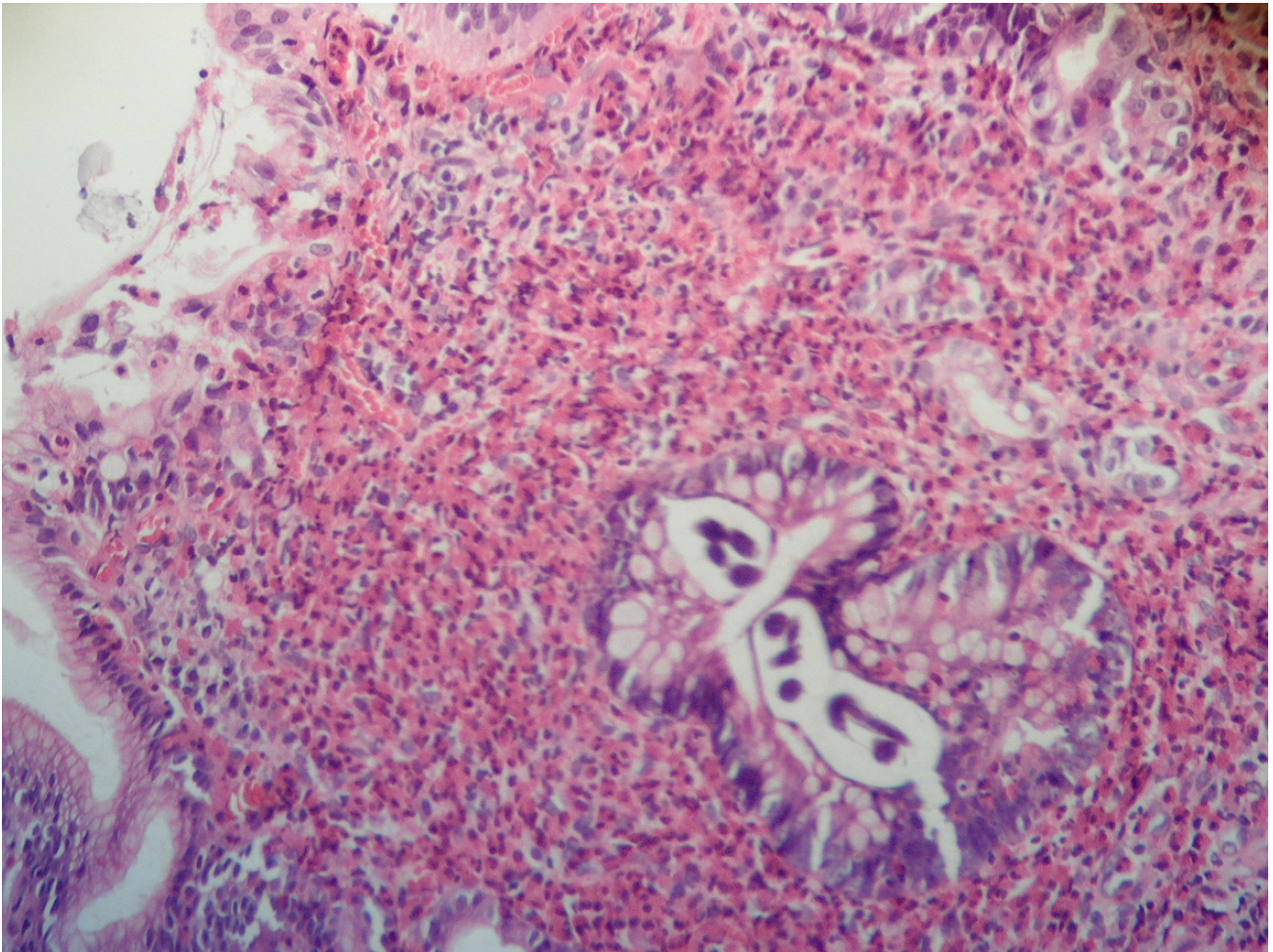


Figure 3.

What is the most likely diagnosis?

(Answer see page 65)

Answer for patho corner

Case 1 = Fibrolamellar carcinoma

Case 2 = Typical hepatocellular carcinoma

Case 3 = *Strongyloid sp* gastritis with eosinophilic abscess