Atypical Dysplastic Nodule and Hepatocellular Carcinoma in a Patient with Liver Cirrhosis: A Case Report

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Introduction: It is well known that pathological findings or malignancy grades of hepatocellular carcinoma (HCC) are closely related to intranodular hemodynamics. The liver parenchyma is supplied by both the hepatic artery and portal vein. The decrease of portal venous flow in the liver may partly affect human hepatocarcinogenesis, since a premalignant lesion has portal flow alone within the nodule, unlike an overt HCC that is perfused only by the hepatic artery. Based on those points, intranodular hemodynamics is closely suspected to be connected with multistep hepatocarcinogenesis. We herein report an atypical case of dysplastic nodule and HCC in a patient who underwent living-donor liver transplantation.

Case Report: The 54-year-old man, a carrier of hepatitis B virus, was referred to our hospital because of hepatoma that was detected in routine follow-up ultrasonography. He had a history of diabetes mellitus and hypertension. Review of system and physical examination were normal. Laboratory data and all tumor markers were within normal limits. Child-Pugh score was 5. Liver dynamic computed tomography and Promovist-enhanced Liver magnetic resonance image showed: Serrated liver surface suggestive of liver cirrhosis. A 3.2 cm sized round T2 high signal intensity lesion in segment 6 is noted showing delayed washout on dynamic studies. Another 1 cm sized T1 high T2 low to intermediate signal intensity lesion, which shows no particular enhancement is noted segment 8. Tiny hepatic cyst in the hepatic dome. Living donor liver transplantation was performed. Postoperative courses were uneventful in both donor and recipient. Pathologic examination showed two hepatocellular carcinomas in segment 8, one dysplastic nodule in segment 6, and two regenerating nodules in segment 8.