

Liver EQA meeting
October 5th 2004
Circulation P

Slides and responses for
Open meeting
October 5th 2004
videoconference

Case 194

High alcohol intake. Abnormal LFTs: bilirubin 37, AST 53, ALP 111, Ferritin 890.

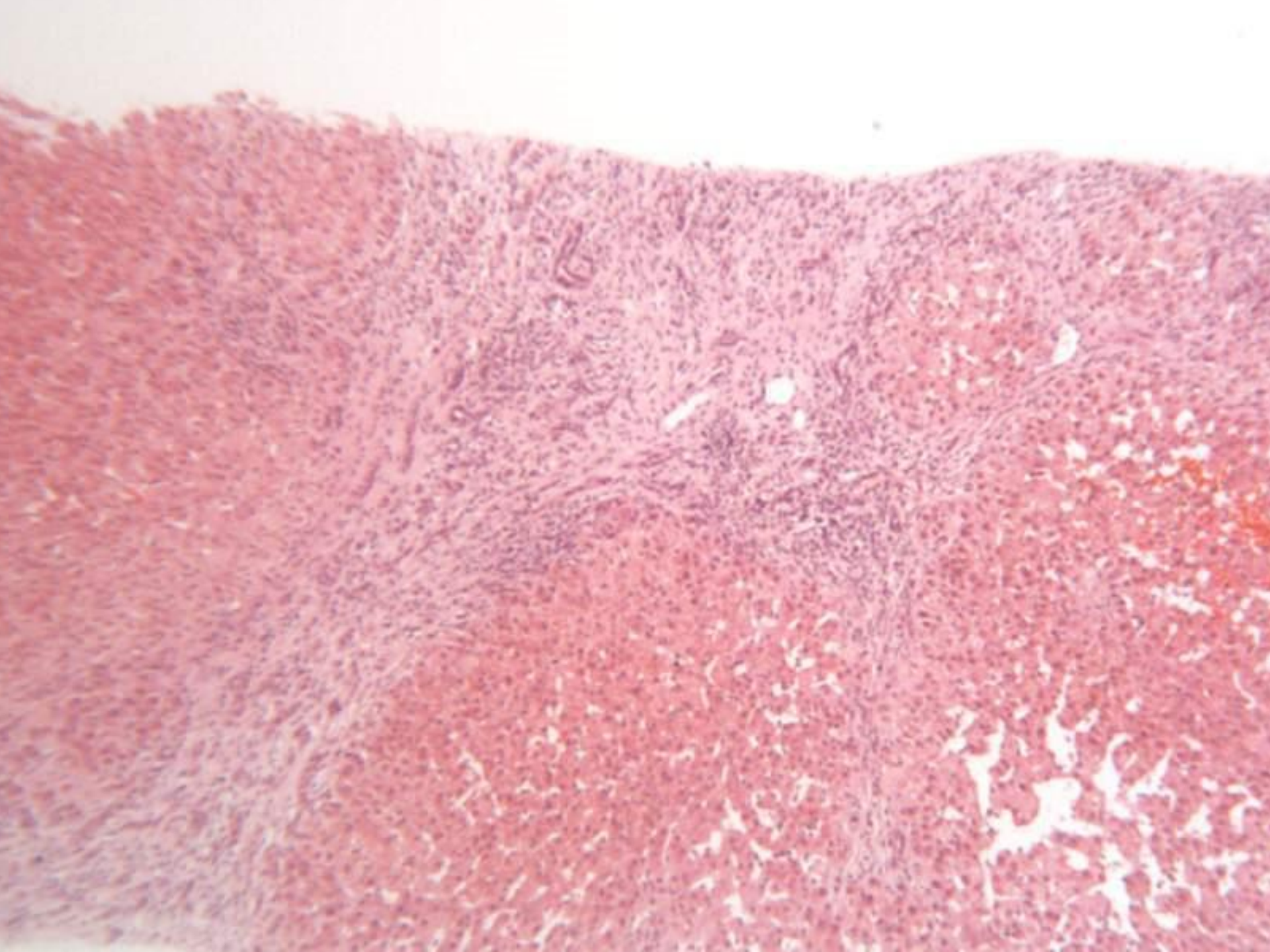
?Alcohol liver disease ?Haemochromatosis.

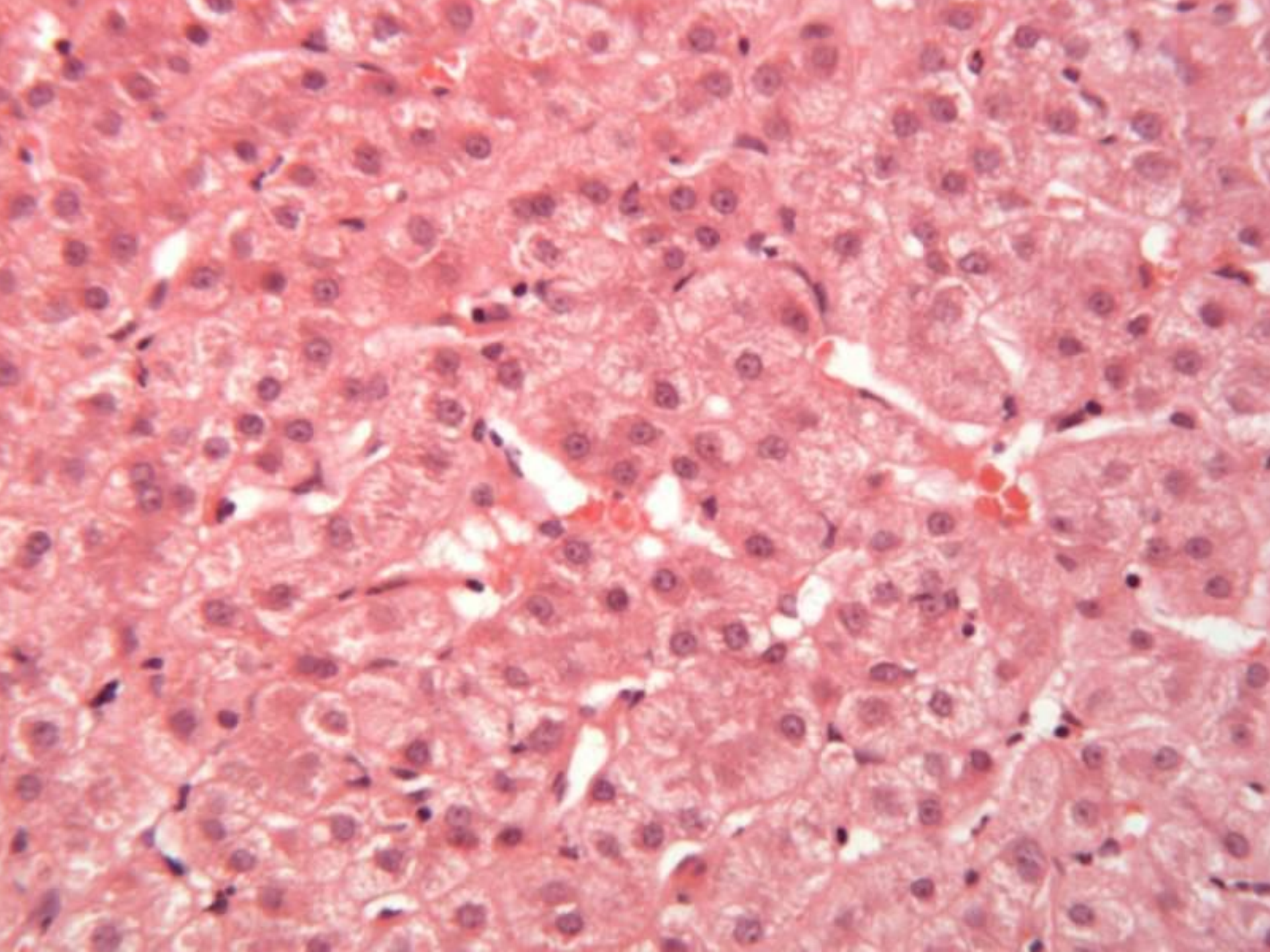
Juxta-septal hepatocytes contain eosinophilic globules which stain magenta with DPAS.

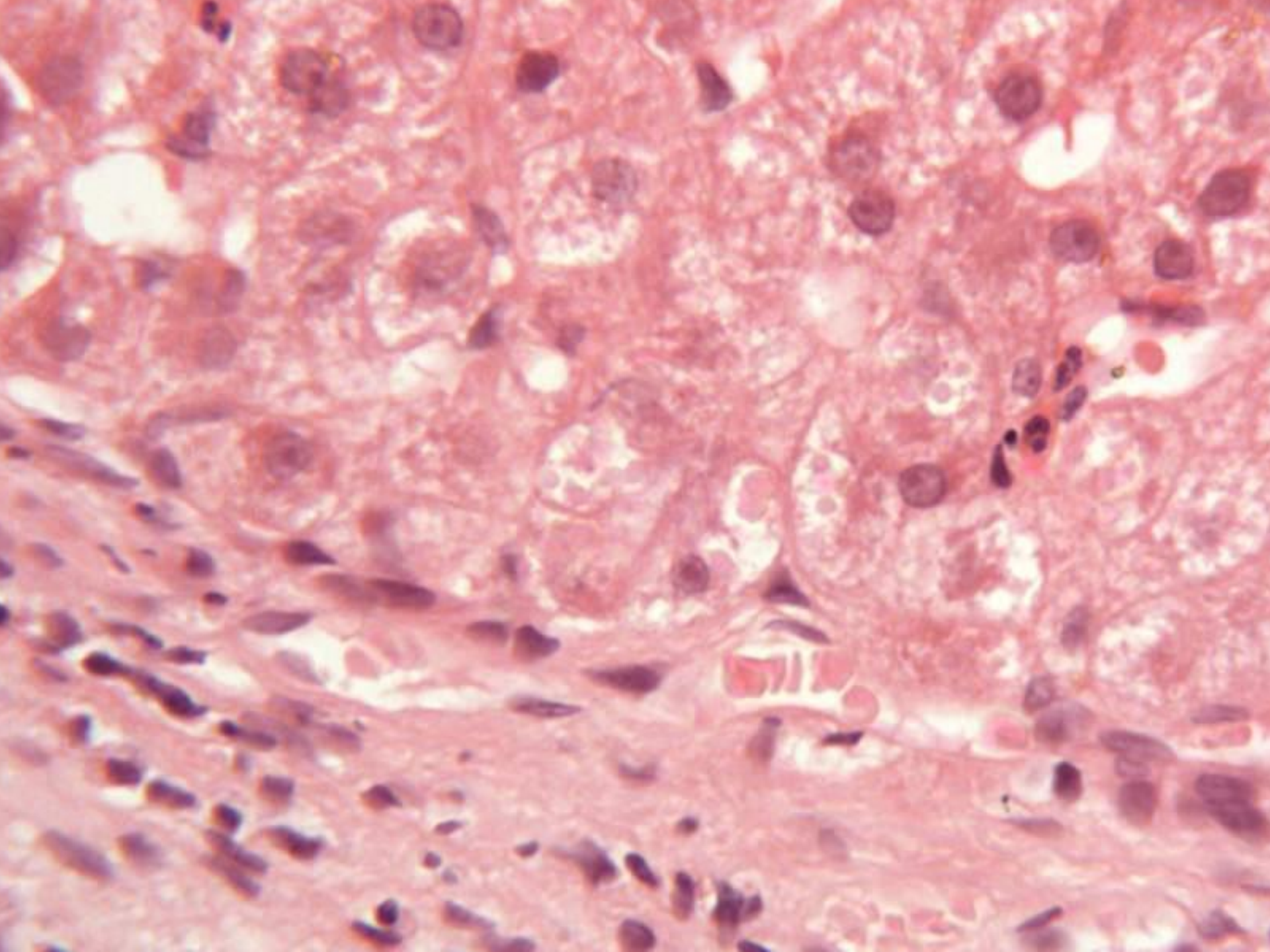
Perls reveals a grade 2, borderline 3 siderosis in an uneven distribution.

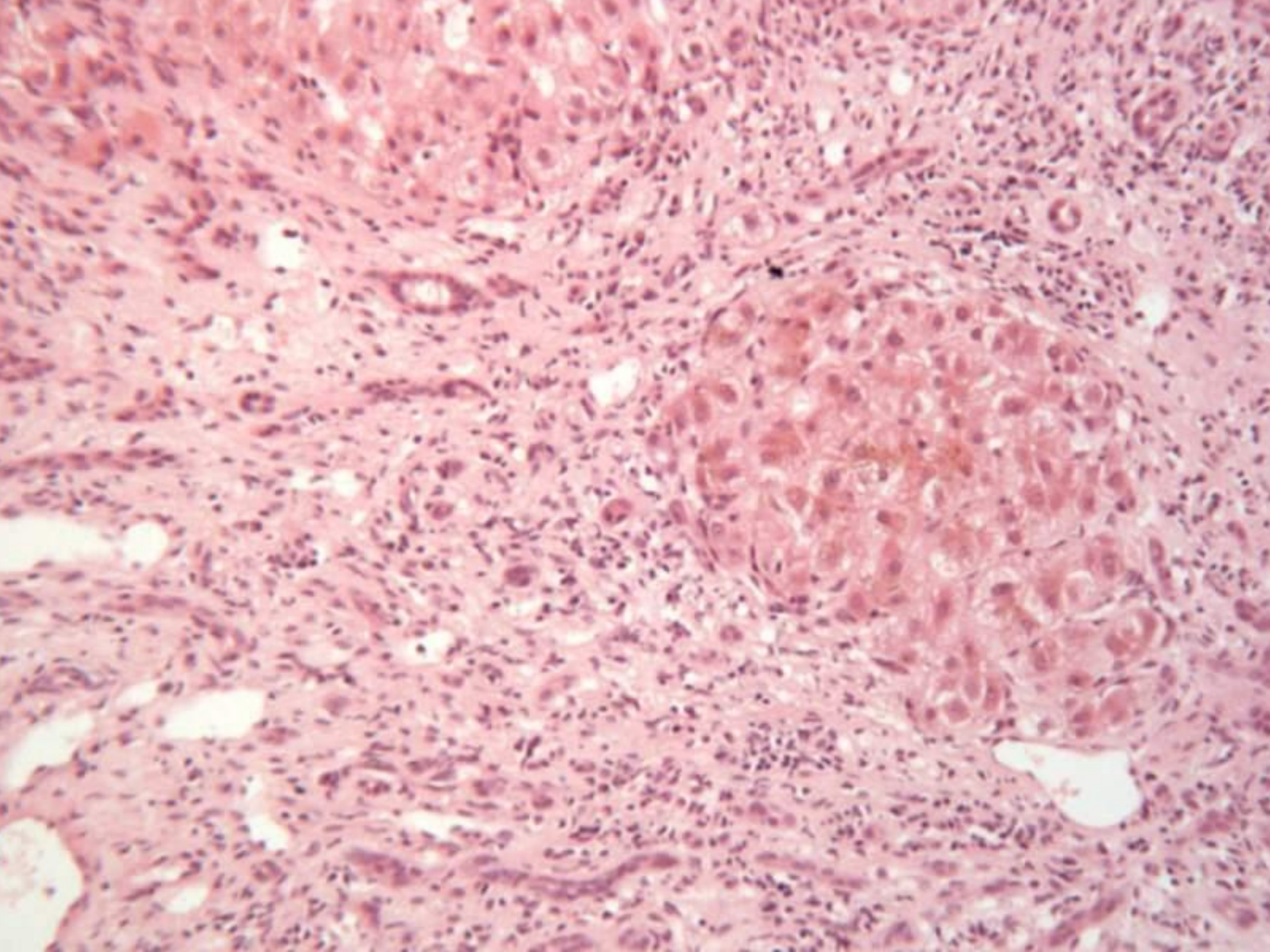
Case 194











Case 194 Responses:

Morphology: Cirrhosis 55

Aetiology:

Mentioned as possible factors: α 1 antitrypsin deficiency - 46

Exclude haemochromatosis – 33

Consistent with alcohol – 32

No features of alcohol – 6

No mention of alcohol - 9

Several commented on likelihood that iron was secondary to alcoholic liver disease, and that α 1 antitrypsin deficiency could be mimicked in alcoholic cirrhosis. Suggested checking genotype and phenotype respectively.

A few suggested that the pattern of fibrosis suggested underlying alcohol

Case 194

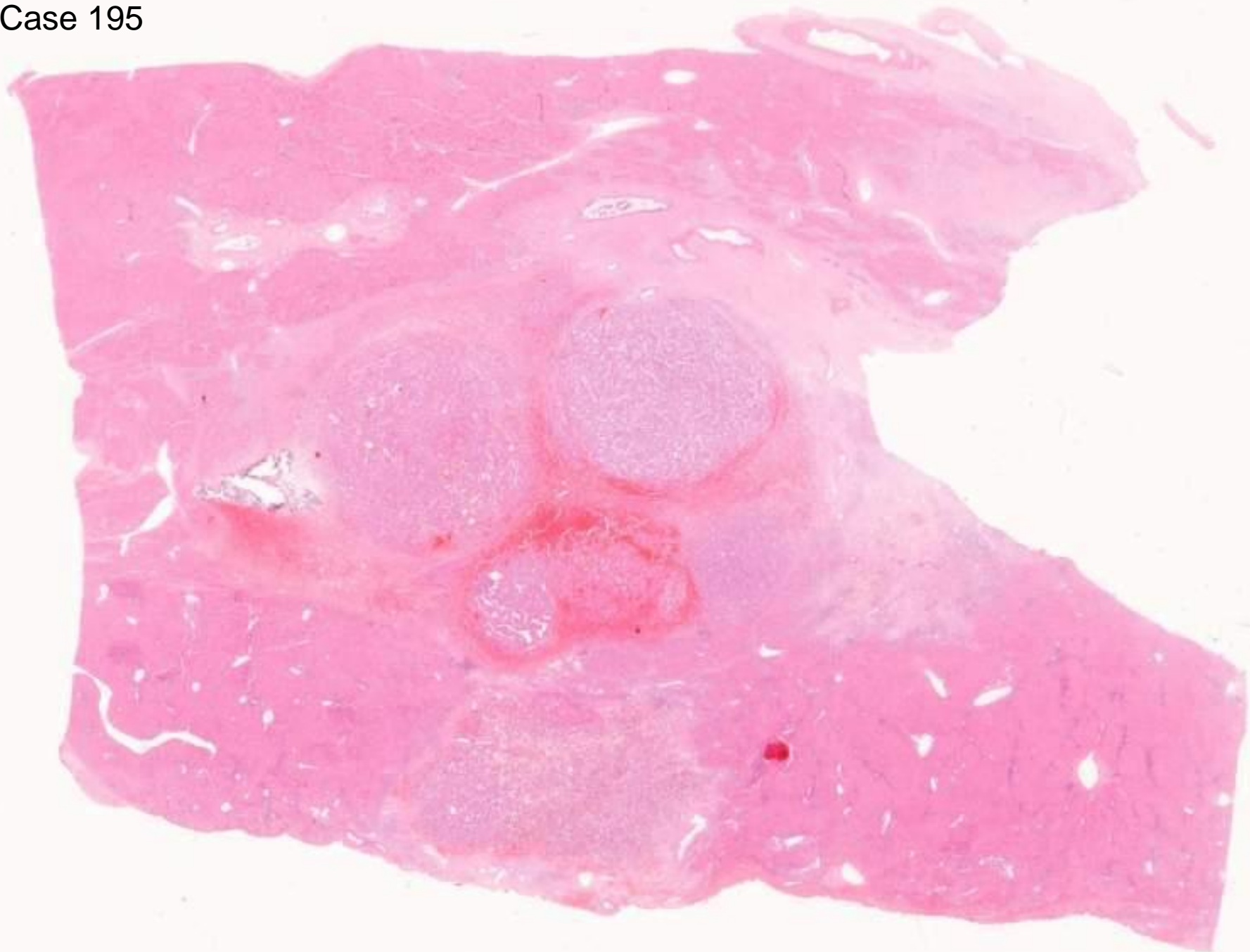
Diagnosis of submitting Pathologist:

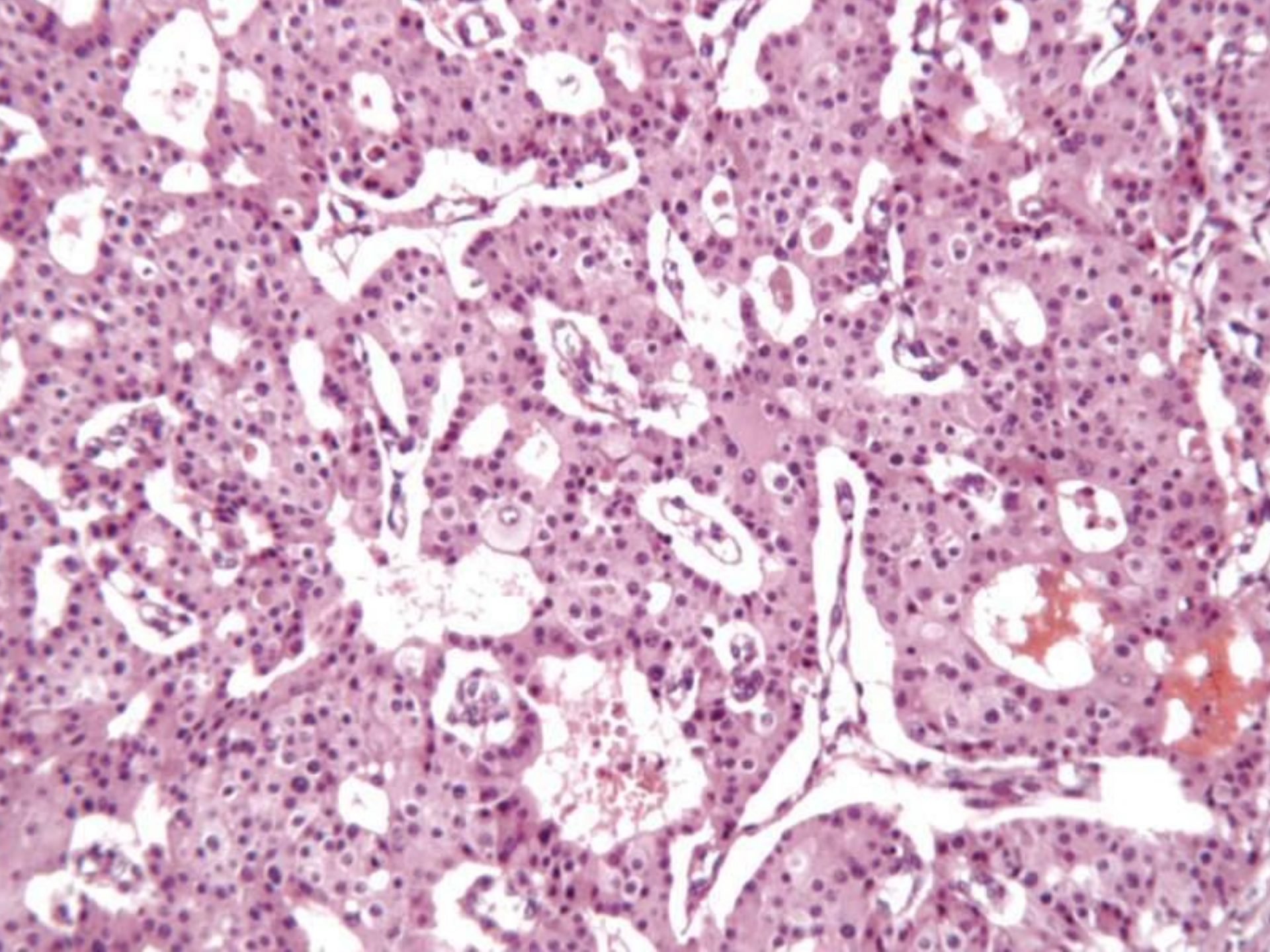
Mildly active cirrhosis with grade 2, borderline 3 siderosis and globular inclusions with characteristics of alpha-1-antitrypsin storage. HFE and alpha-1-antitrypsin genotyping are in order.

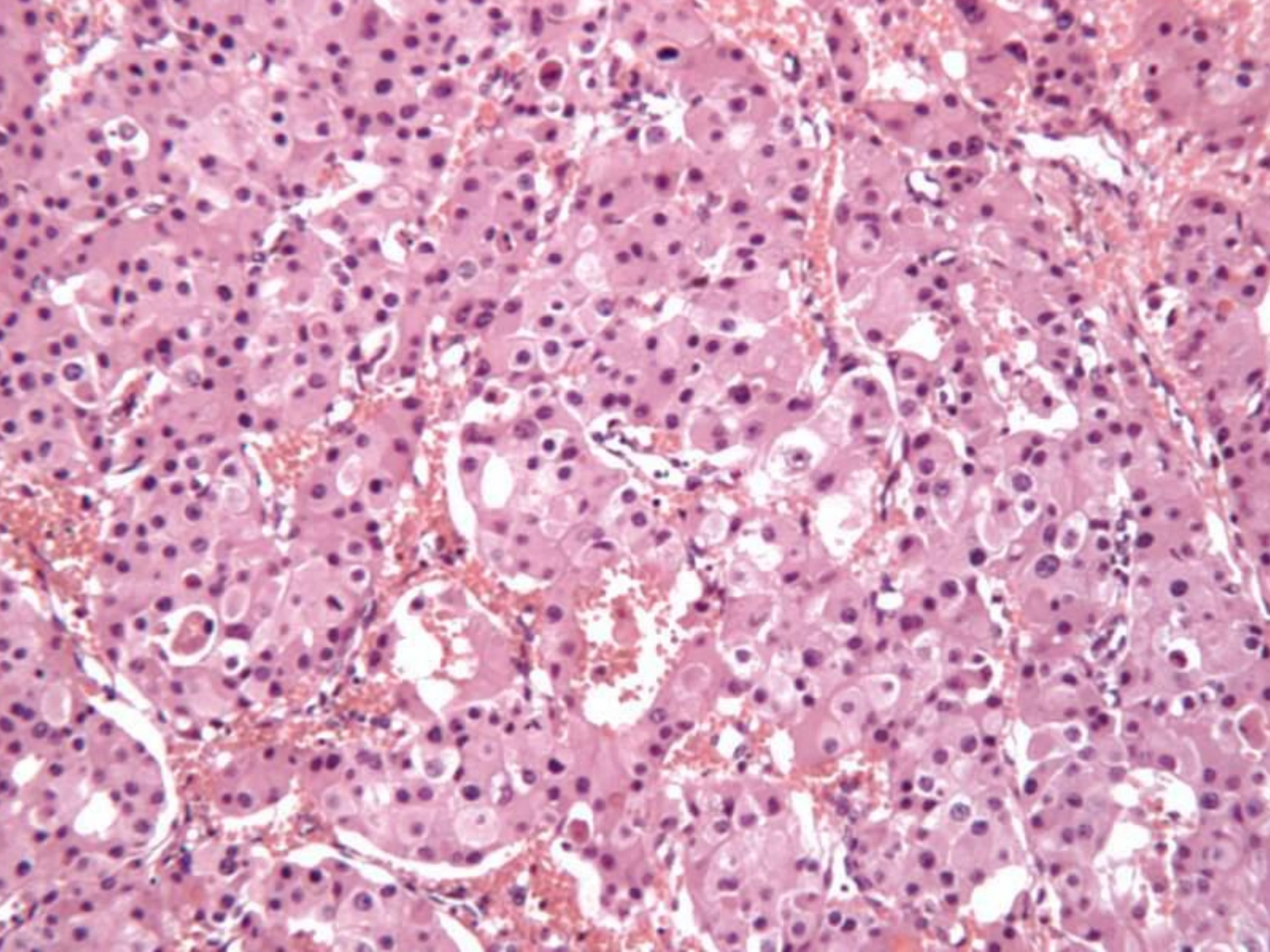
Case 195

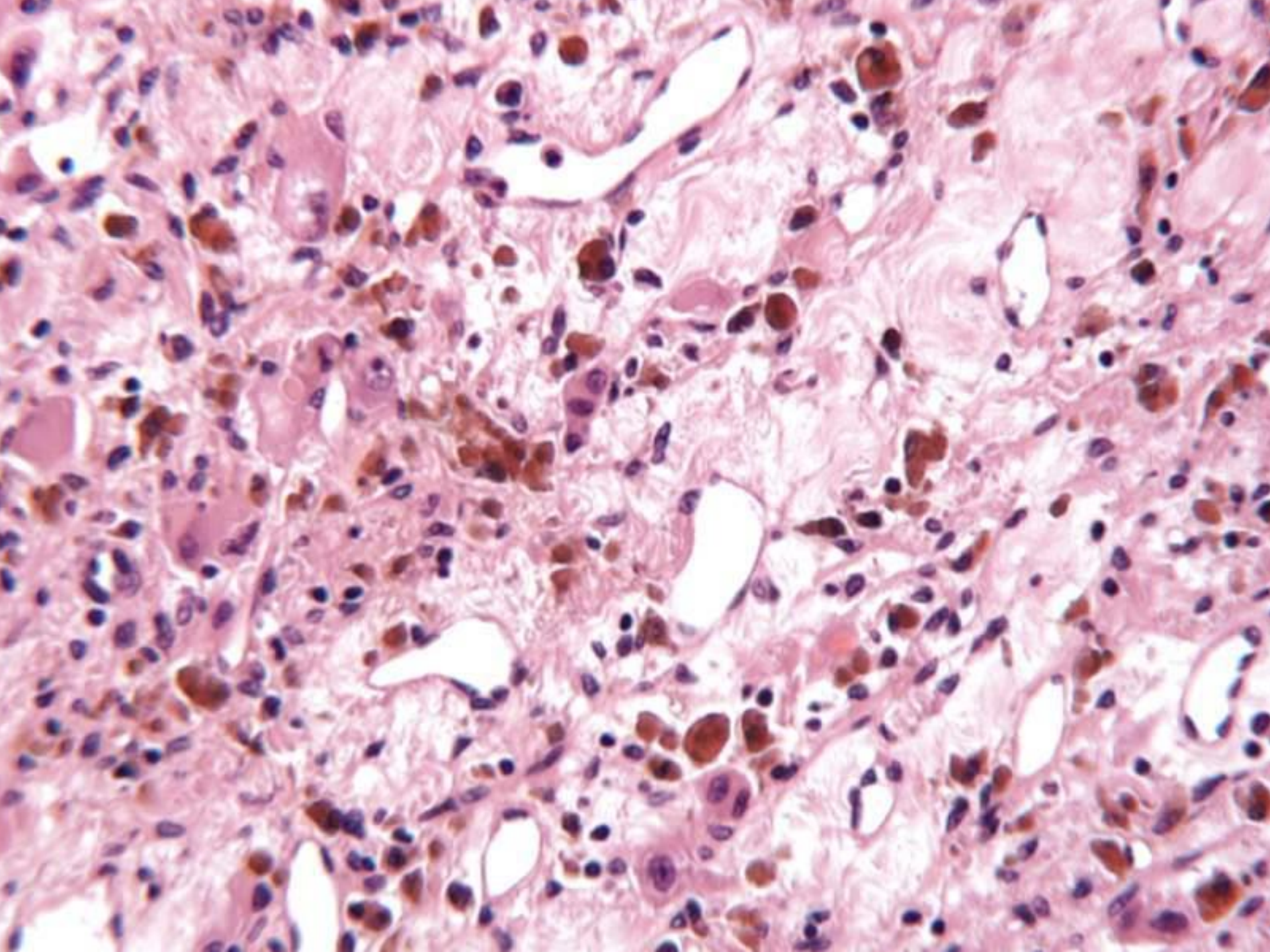
- *F34 Previous (15 months earlier) distal pancreatectomy and splenectomy for 8.5cm pancreatic neuroendocrine tumour. Positive for chromogranin, synaptophysin; negative for HepPar1.*
- Macro: Explant liver; multiple tumour nodules, red-brown, 0.5-4.5cm throughout liver parenchyma.

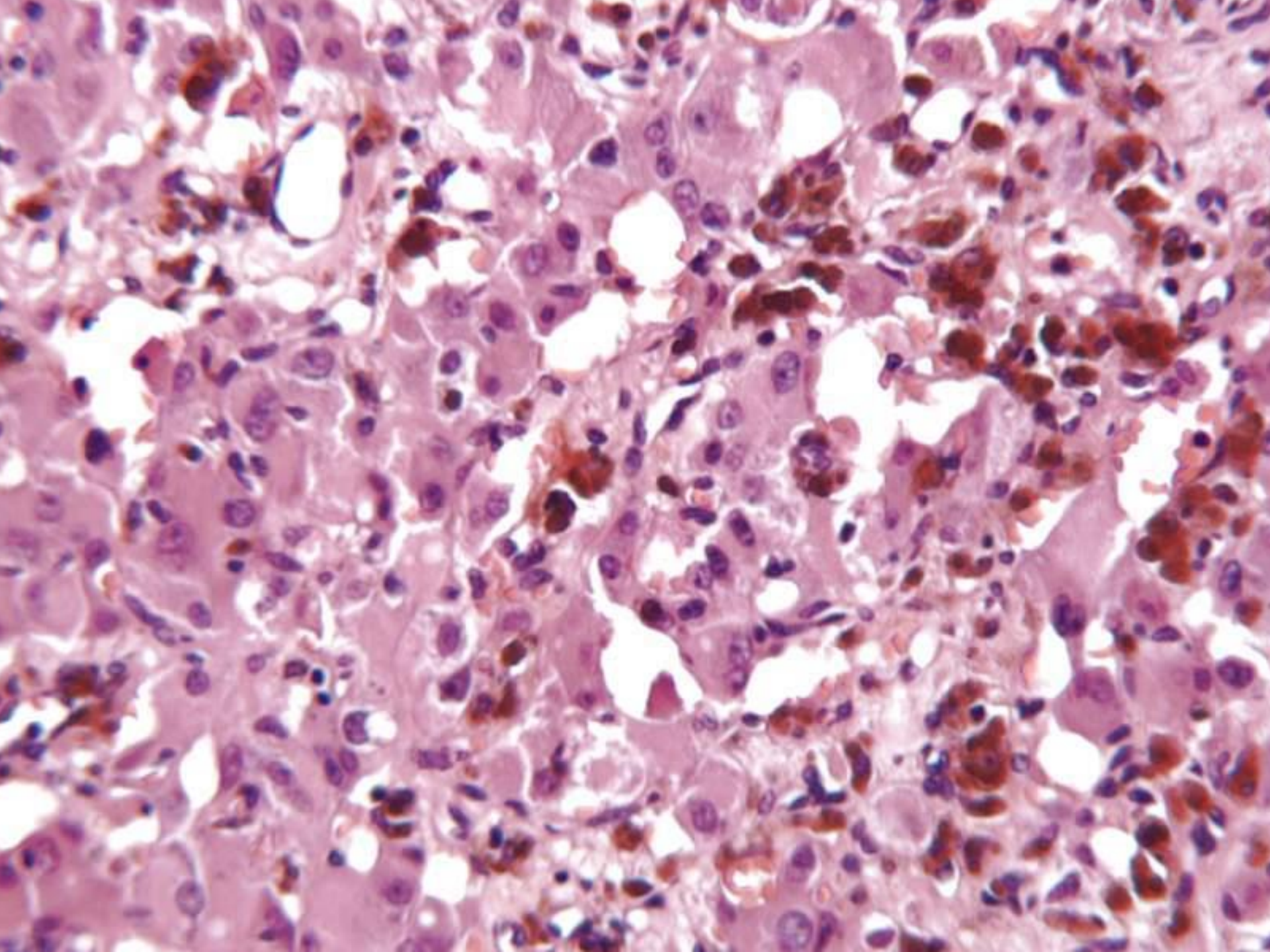
Case 195

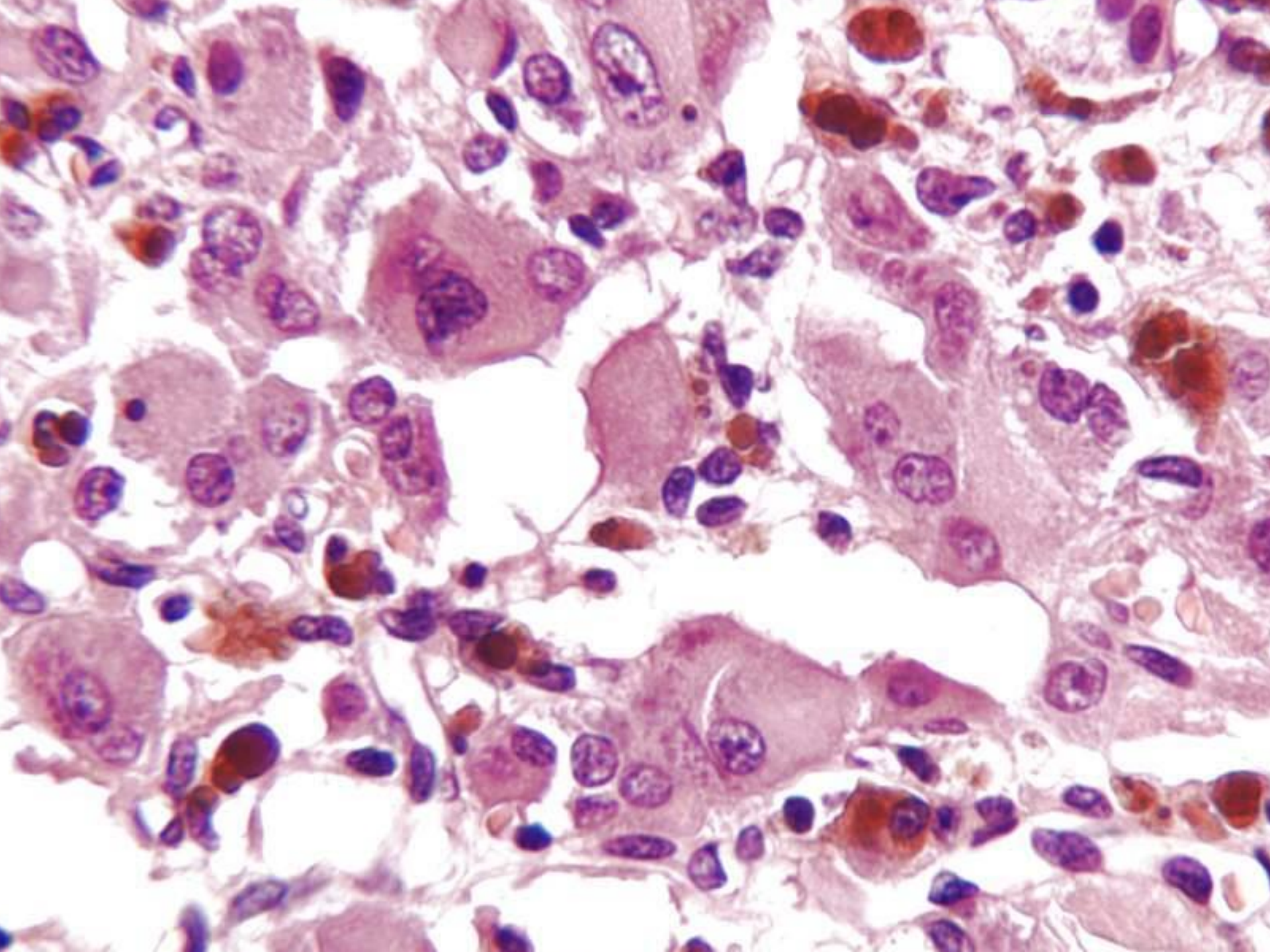


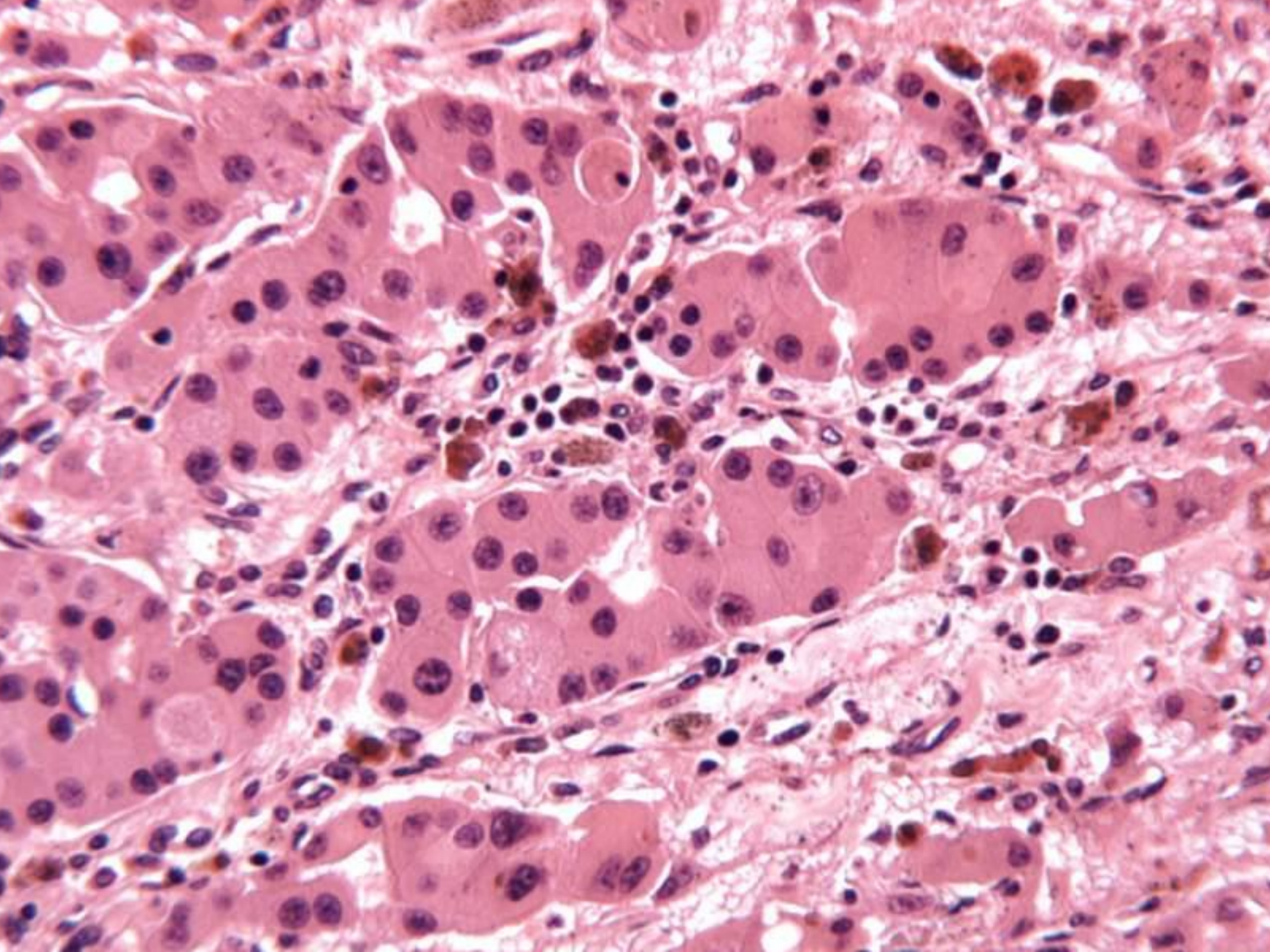


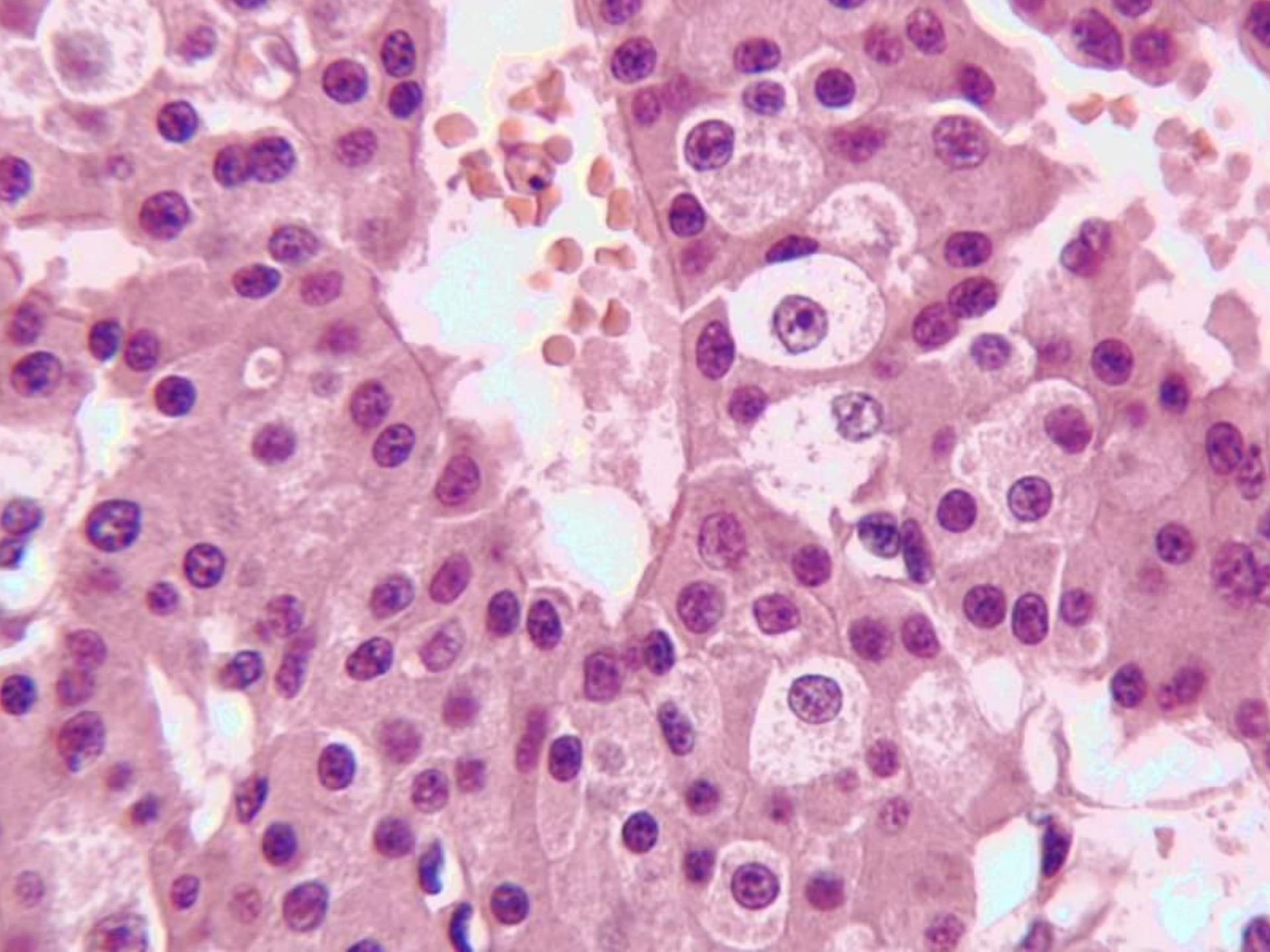


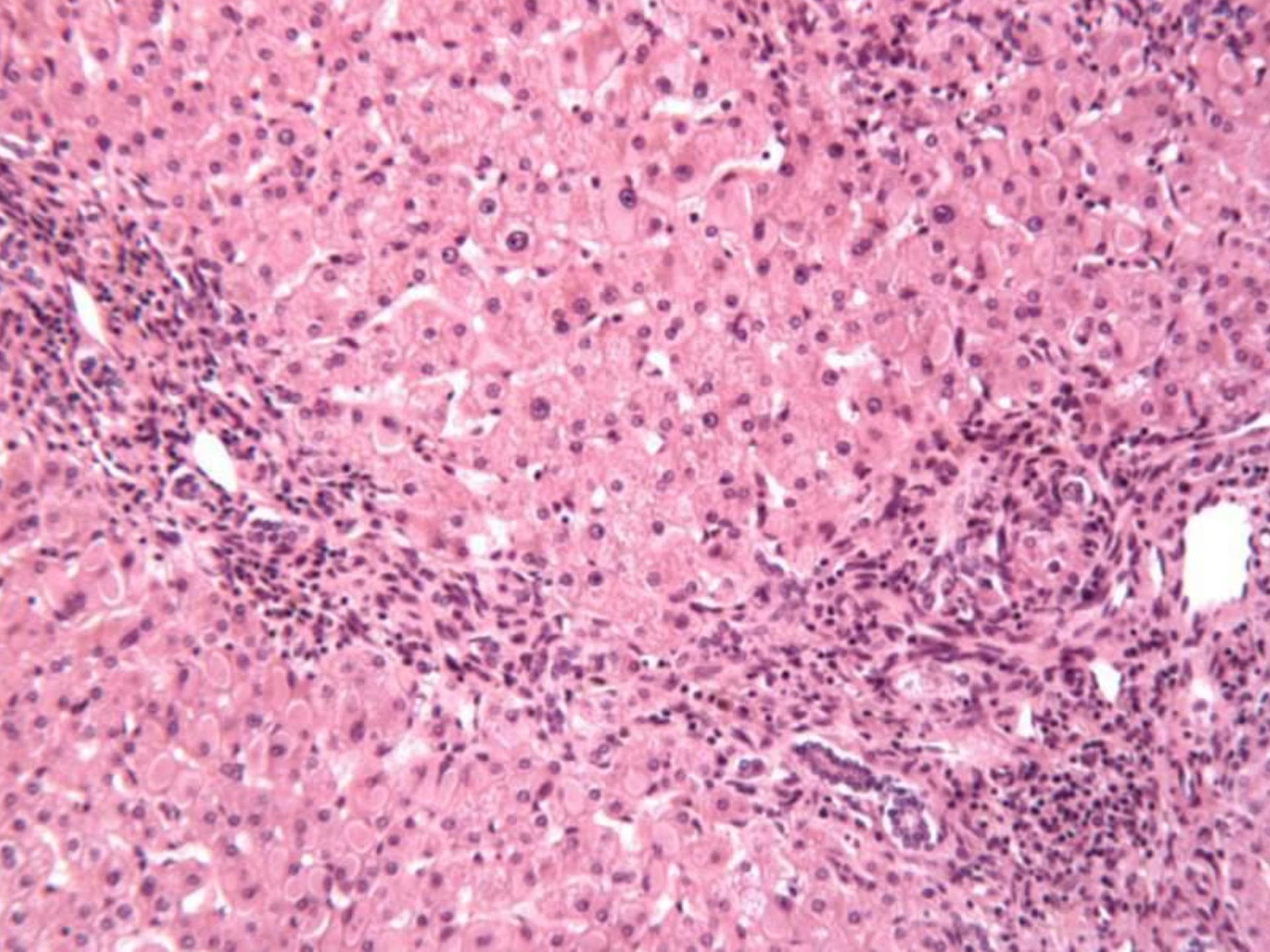












Case 195 Responses

Metastatic neuroendocrine carcinoma – 51

of whom consistent with pancreatic primary – 35

HCC – 3

Dysplastic nodule/HCC – 1

Other comments:

Pigment, ?haemosiderin and calcification, suggesting response to chemotherapy.

Need to compare with original pancreatic tumour,

Hepatoid appearance – 8

Considered the second pattern with eosinophilic cells may represent another tumour ?HCC, Melanoma, pancreatic acinar, angiomyolipoma

Diagnosis of submitting pathologist:

metastatic pancreatic neuroendocrine tumour

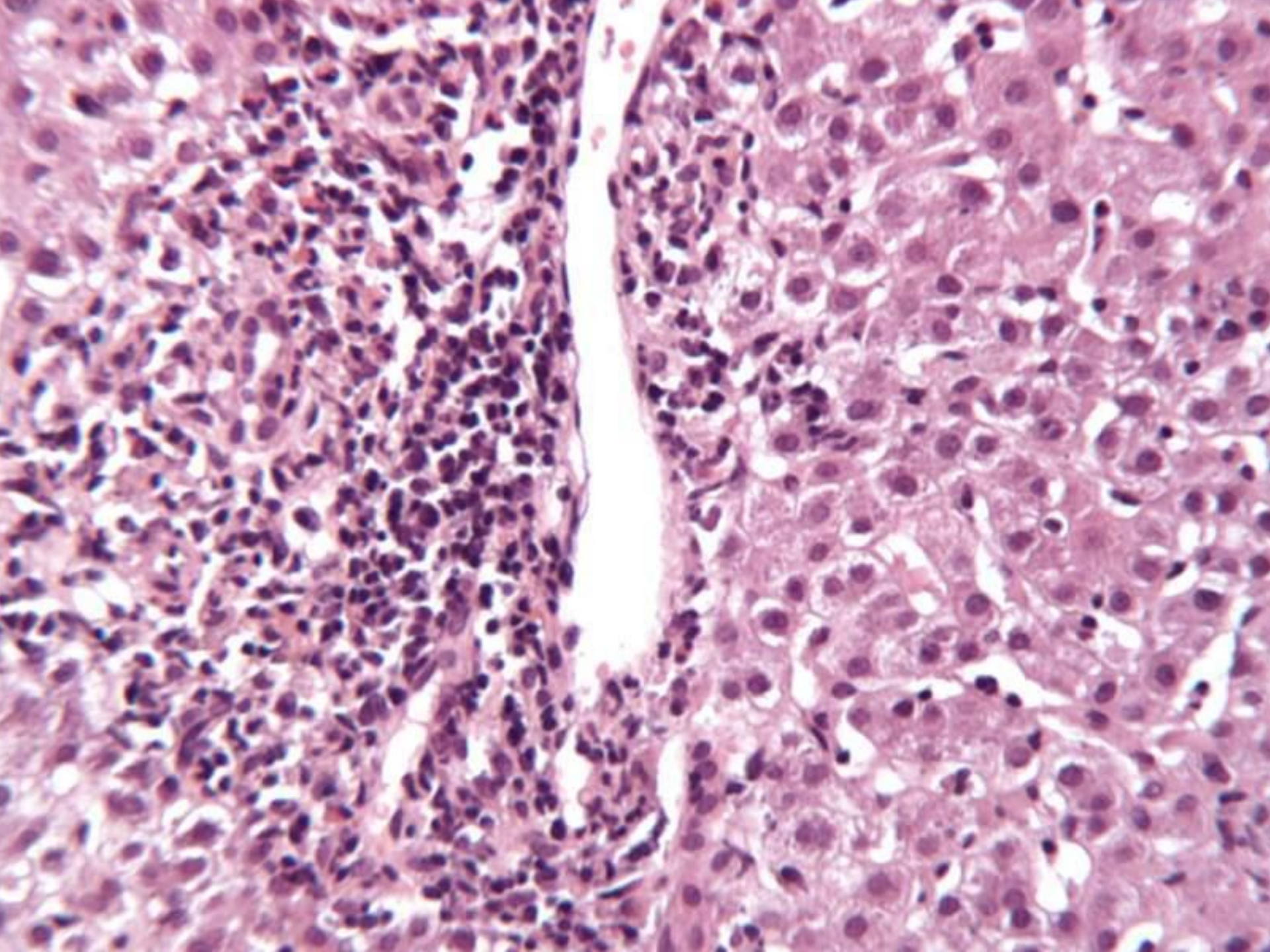
Case 196

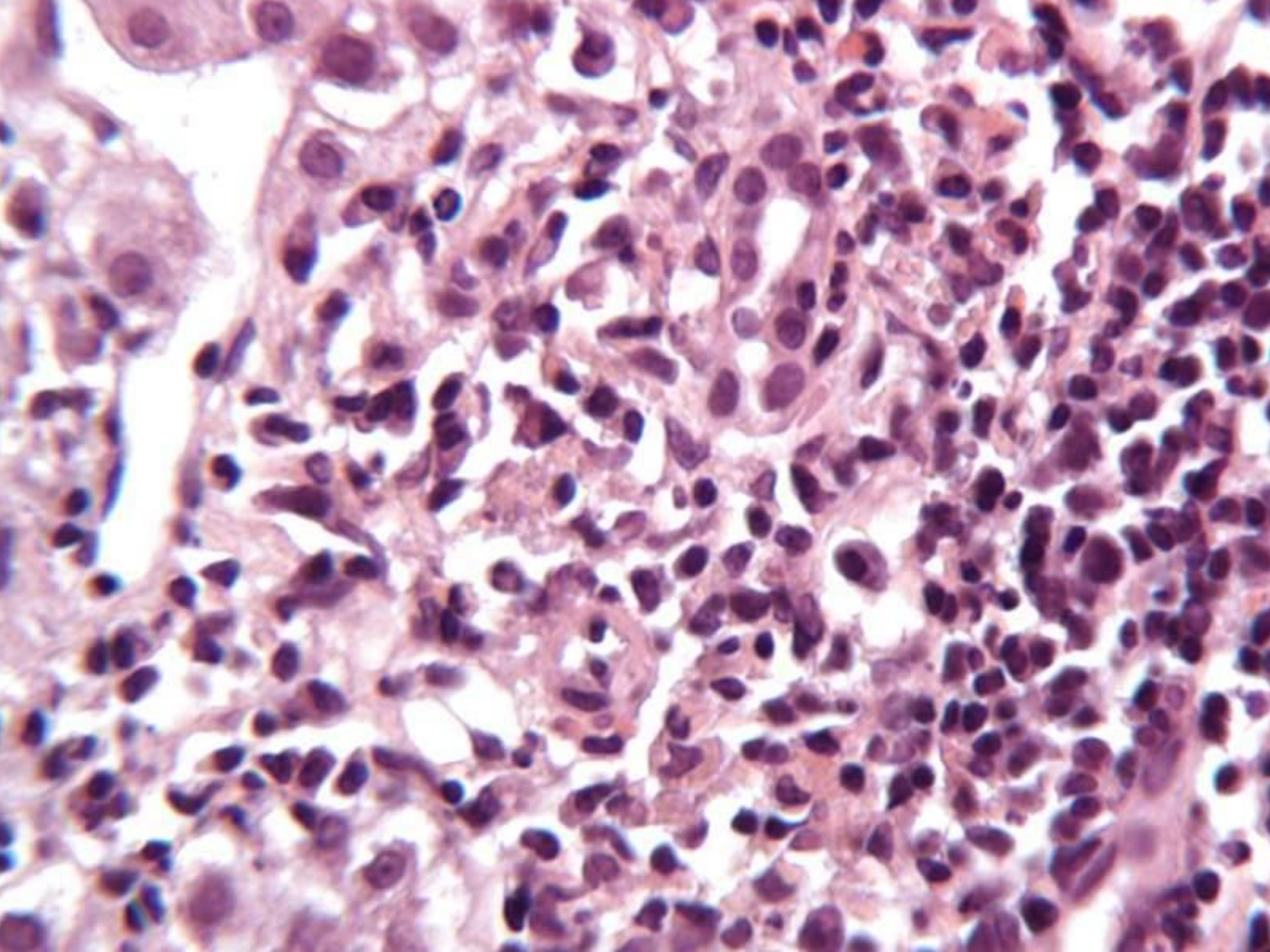
*F50. Jaundice for 4 weeks, abnormal LFTs
– ALT 424 (maximum 1000), bilirubin 389,
CRP = 6, Serum Ferritin 1633 (normal 10-
420). Hepatitis virus serology negative.
Elevated IgG but autoantibodies negative.
No known drugs.*

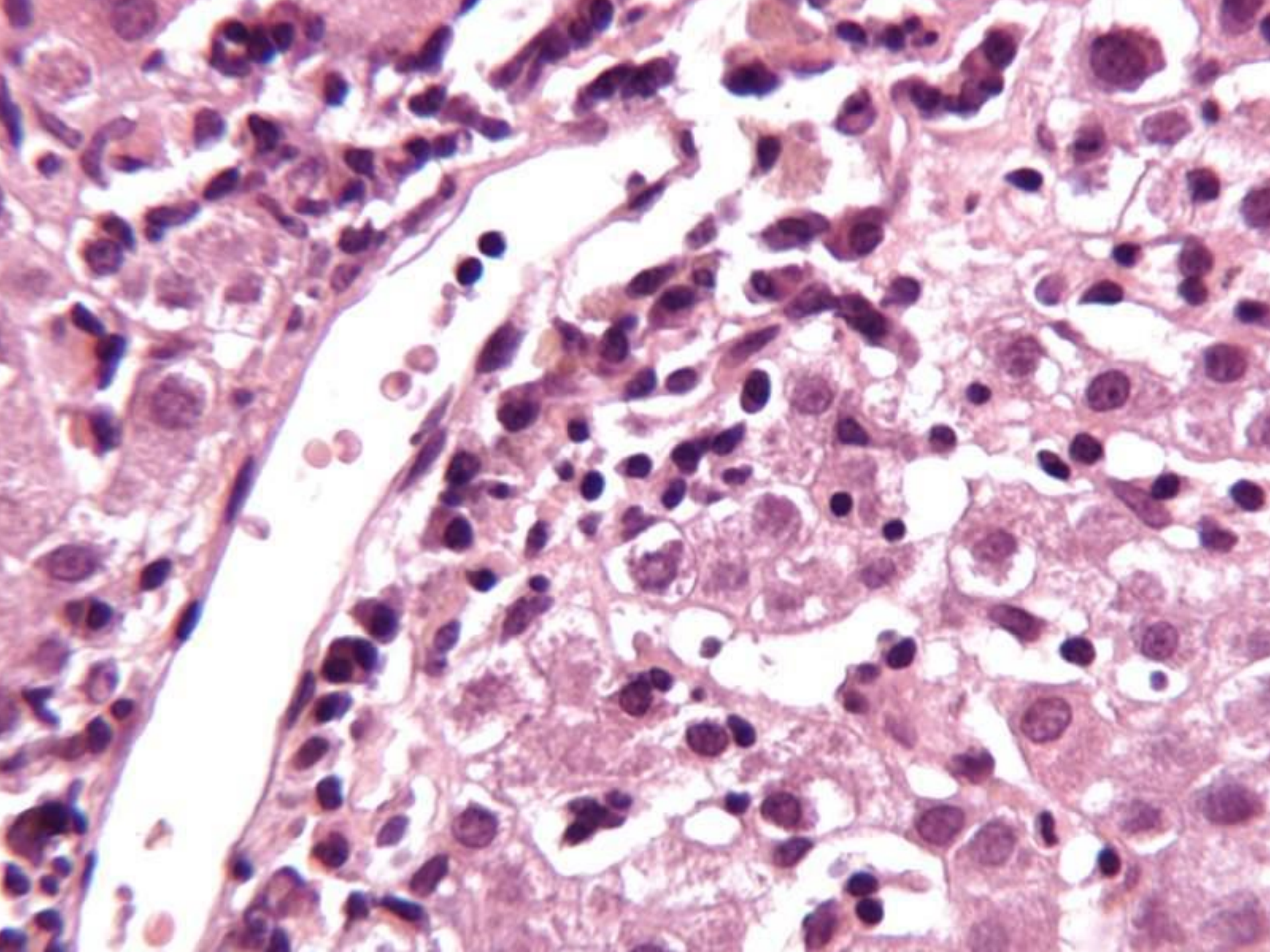
Case 196

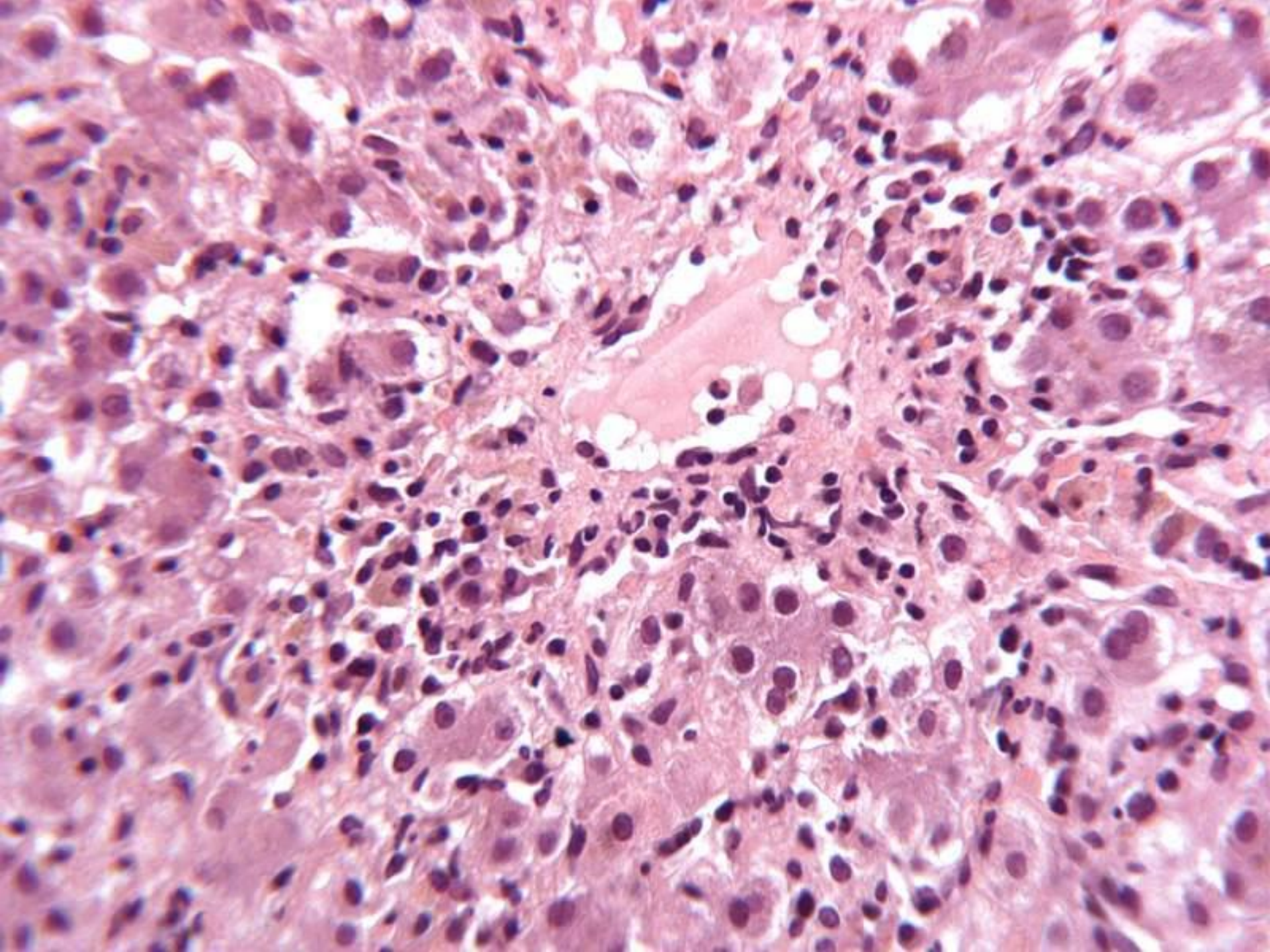












Case 196 Responses

Morphology:

Acute hepatitis – 49

Chronic active hepatitis – 4

Granulomatous hepatitis – 1

Hepatitis C/PBC – 1

Case 196 Responses

Aetiology:

Most gave alternatives, indicating the most likely:

Autoimmune most likely – 43

Drugs most likely – 4

Viral most likely - 2

No preference - 3

Drugs (autoimmune not mentioned) – 2

Viral/drug/sepsis (autoimmune not mentioned) – 1

Diagnosis of submitting pathologist

Acute hepatitis consistent with autoimmune hepatitis

Case 196 Responses

Other comments:

Check drug history – 23

Plasma cells conspicuous – 19

Cholestasis – 19

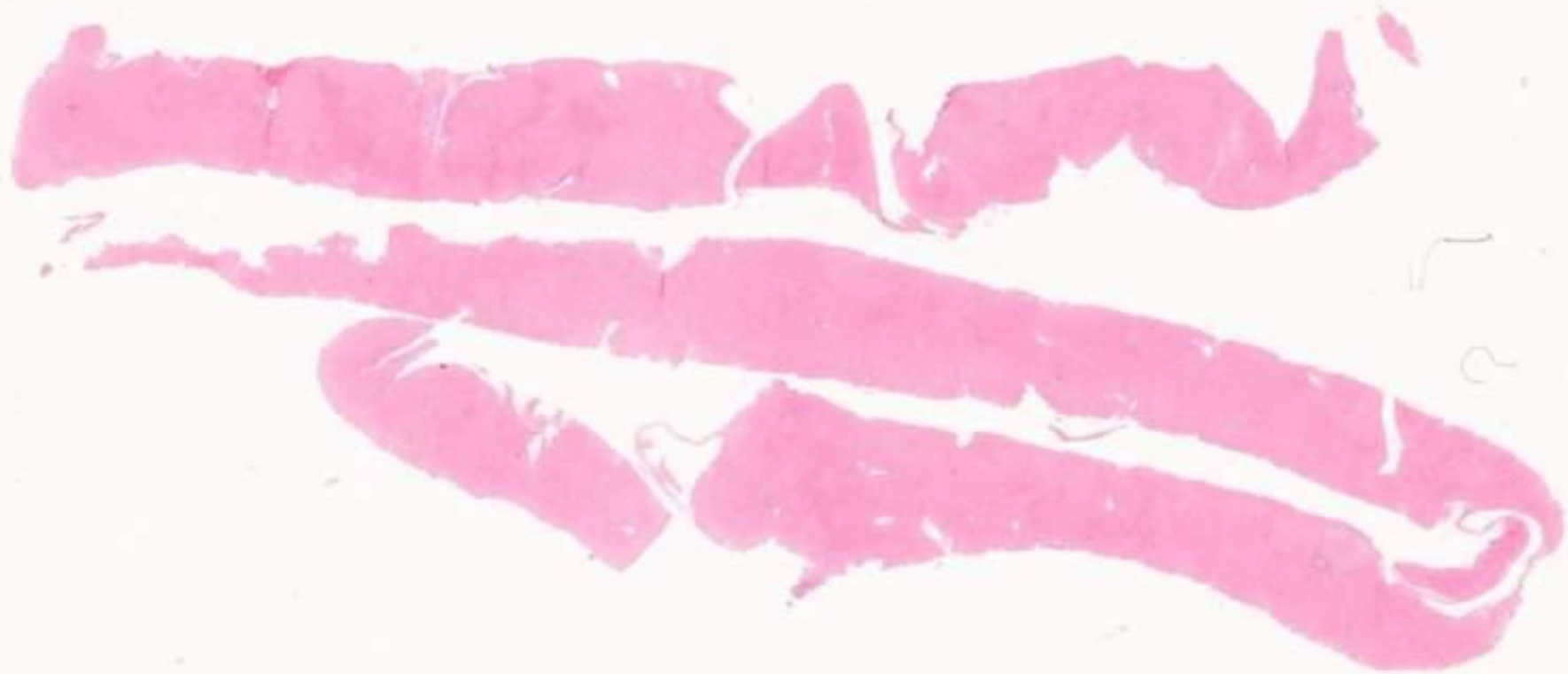
Response to steroids/follow up information
needed for autoimmune diagnosis - 6

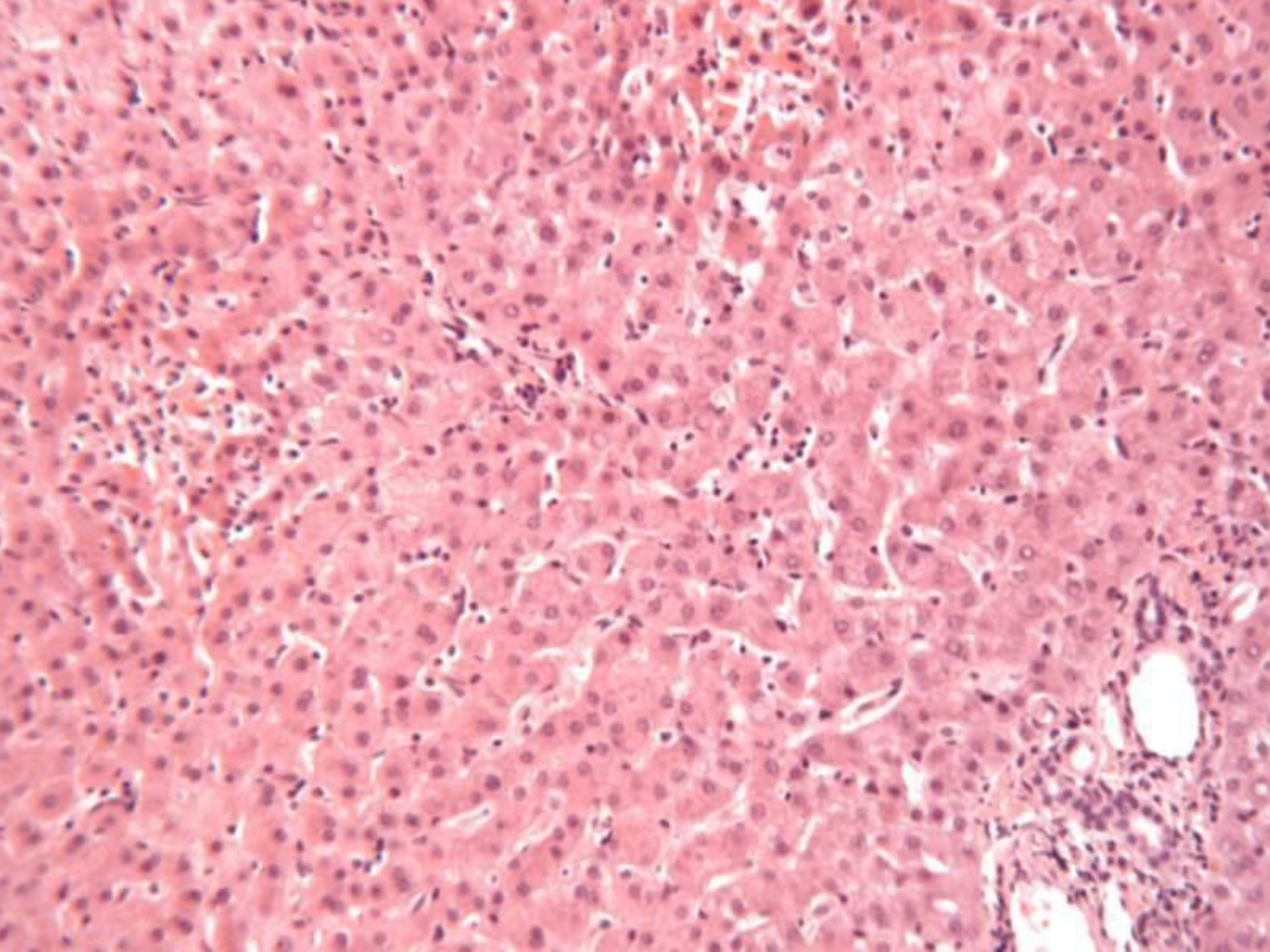
Bile duct damage – 1, giant cells - 2

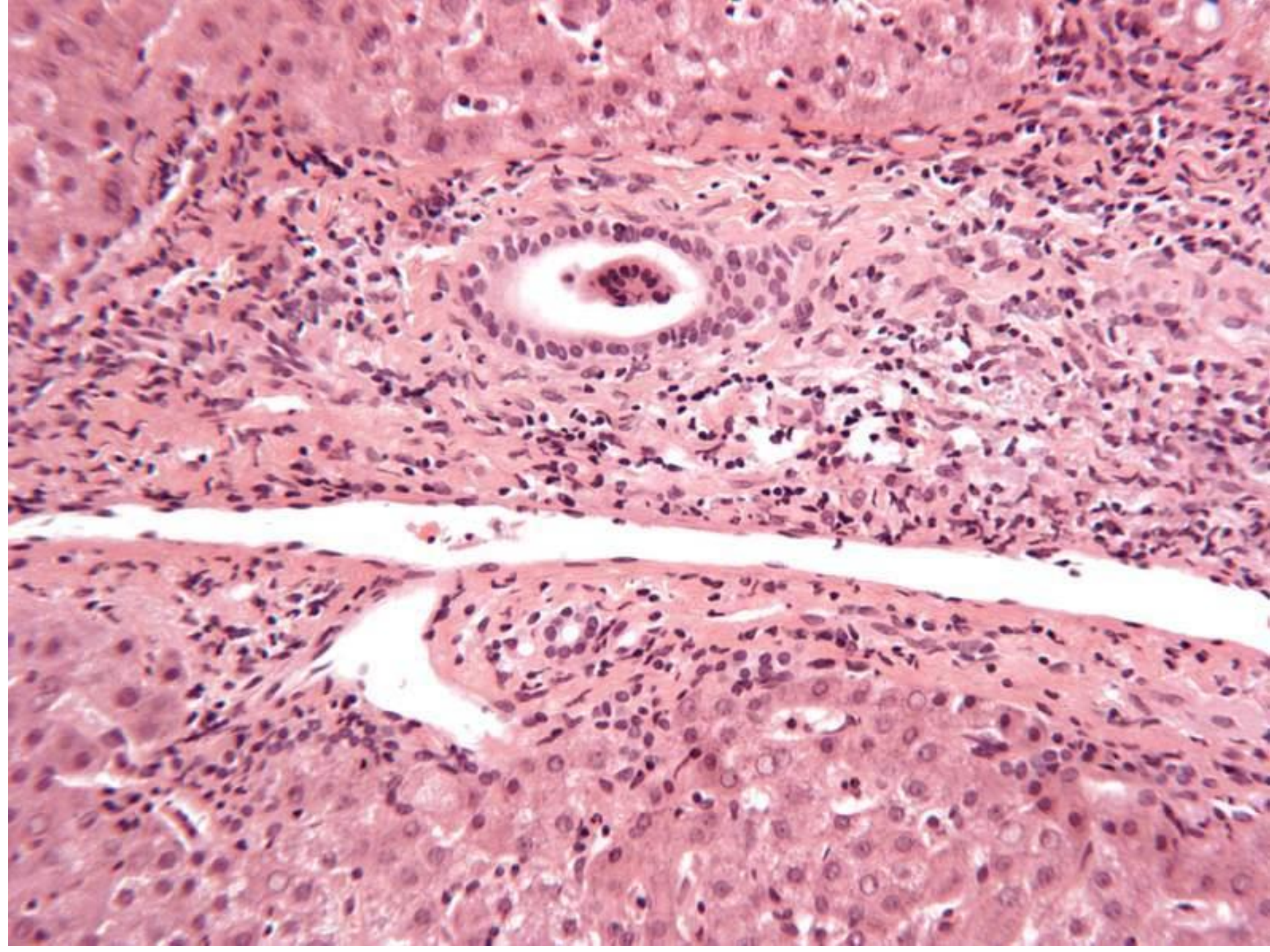
Case 197

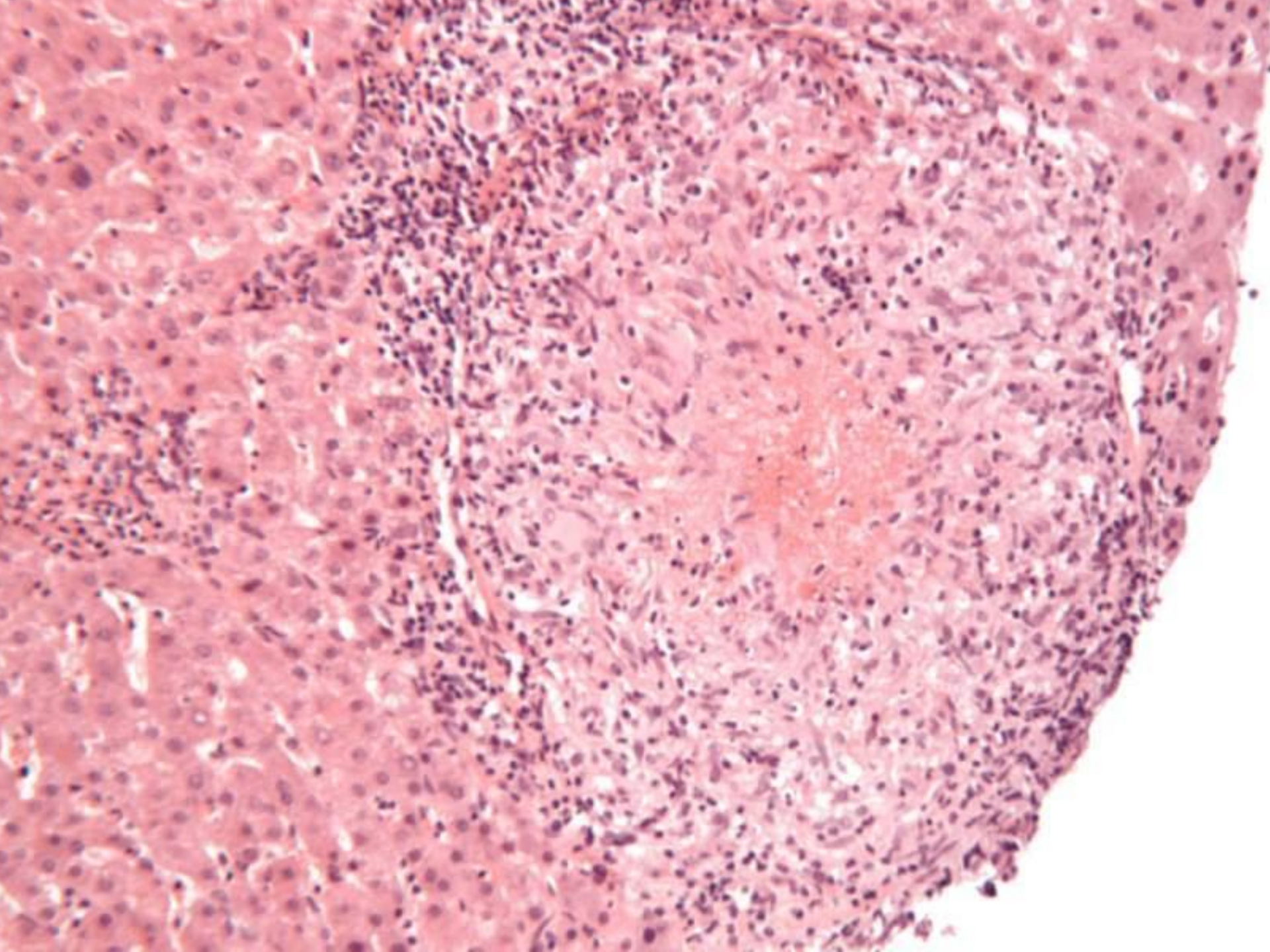
M28. Dry cough, lymphadenopathy fevers.
Previous negative bronchial biopsy.

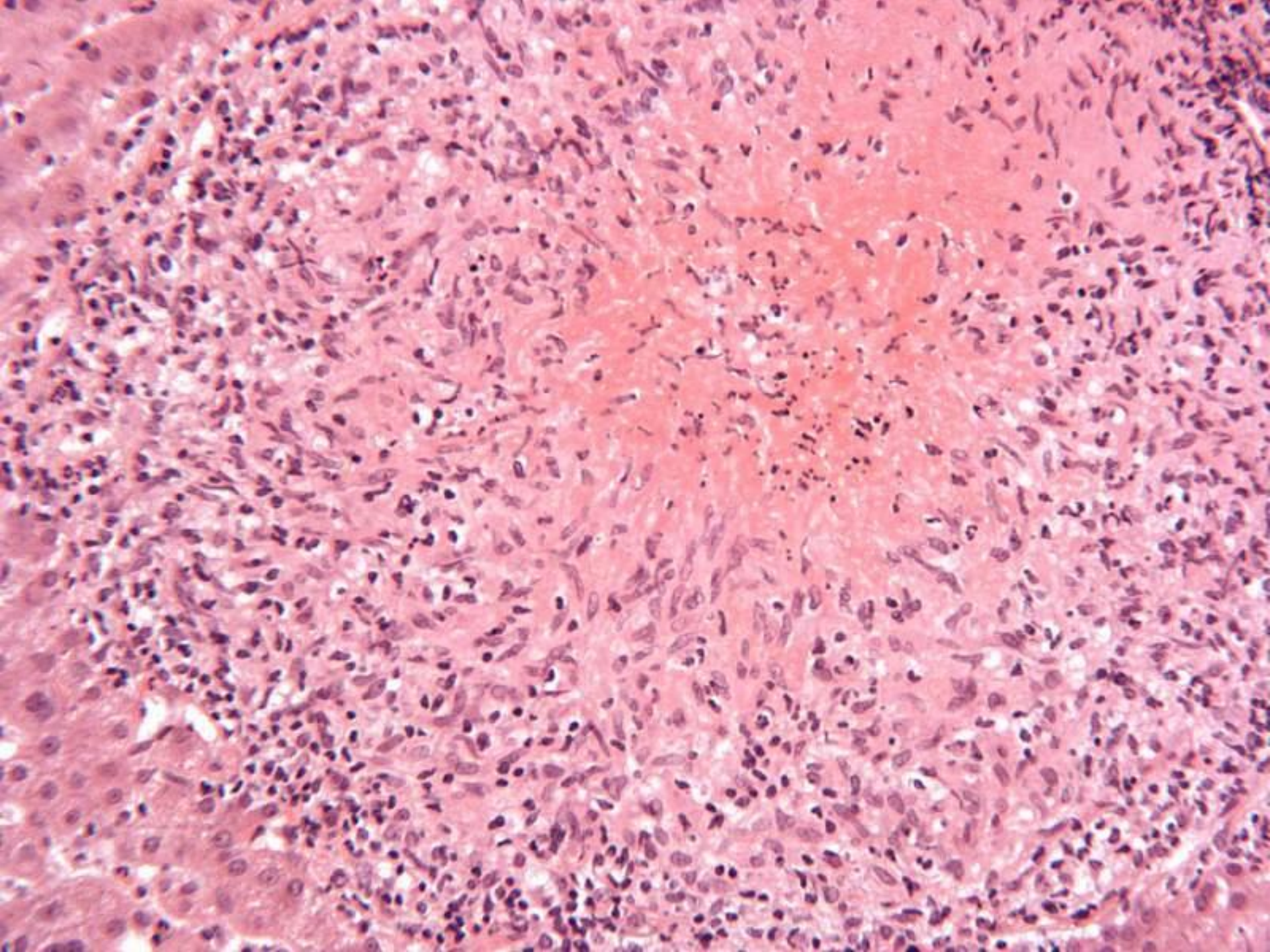
Case 197











Case 197 Responses

Morphology

Granulomas ± caseating, necrotising/granulomatous hepatitis – 55

Aetiology

TB only or clearly most likely – 46

Sarcoid v. TB (sarcoid first) – 6

Sarcoid granulomas, TB not mentioned – 2

Other comments:

Differential diagnosis includes sarcoid, drugs – 17

? HIV status – 3 ?histoplasma – 1

Diagnosis of submitting pathologist:

TB – lymph nodes positive for bacilli.

Non-specific reactive hepatitis and a caseating granulomas

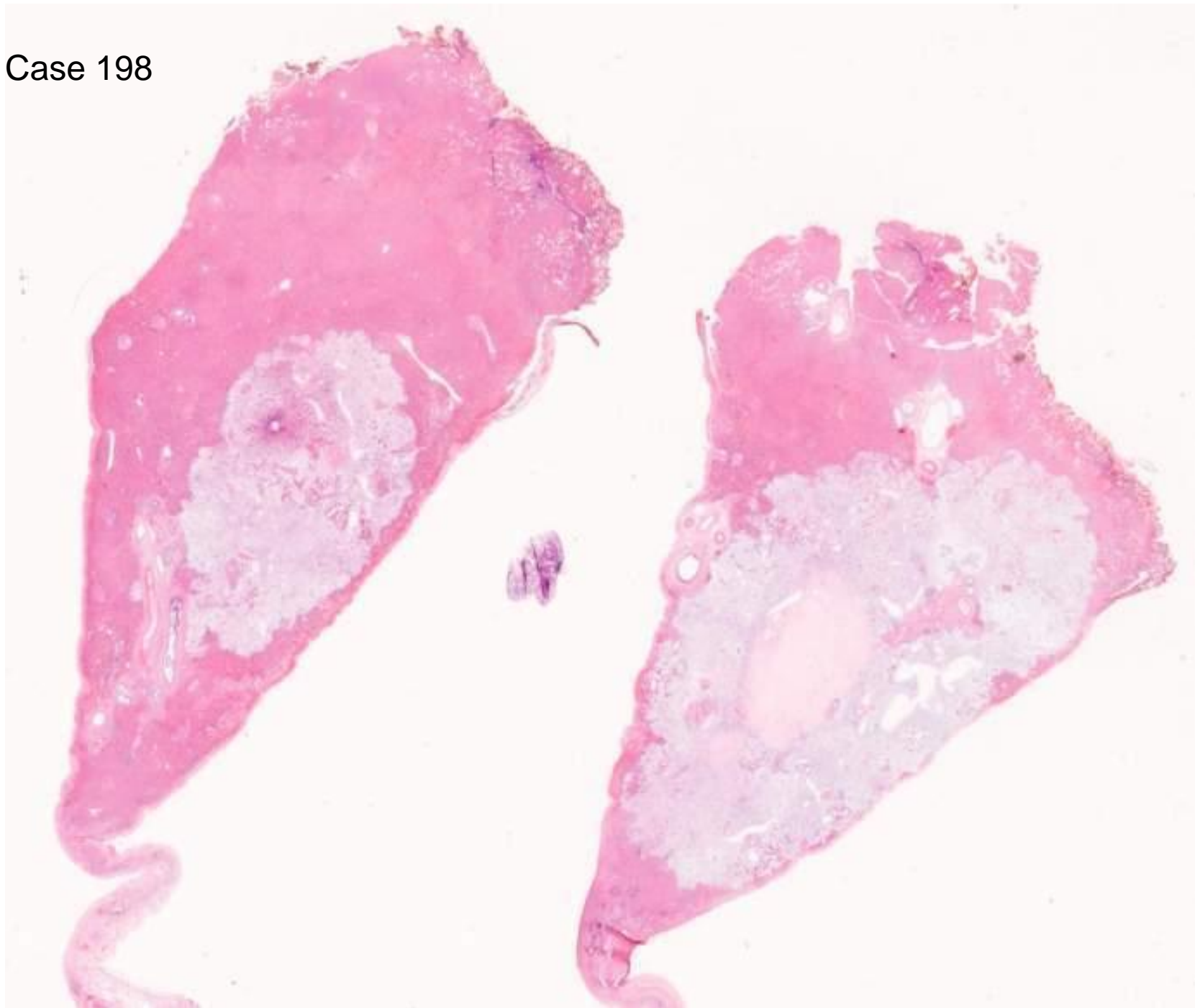
Case 198

F76. Slightly raised white lesion identified in the liver during partial gastrectomy for a proven (c-kit positive) gastrointestinal stromal tumour (GIST).

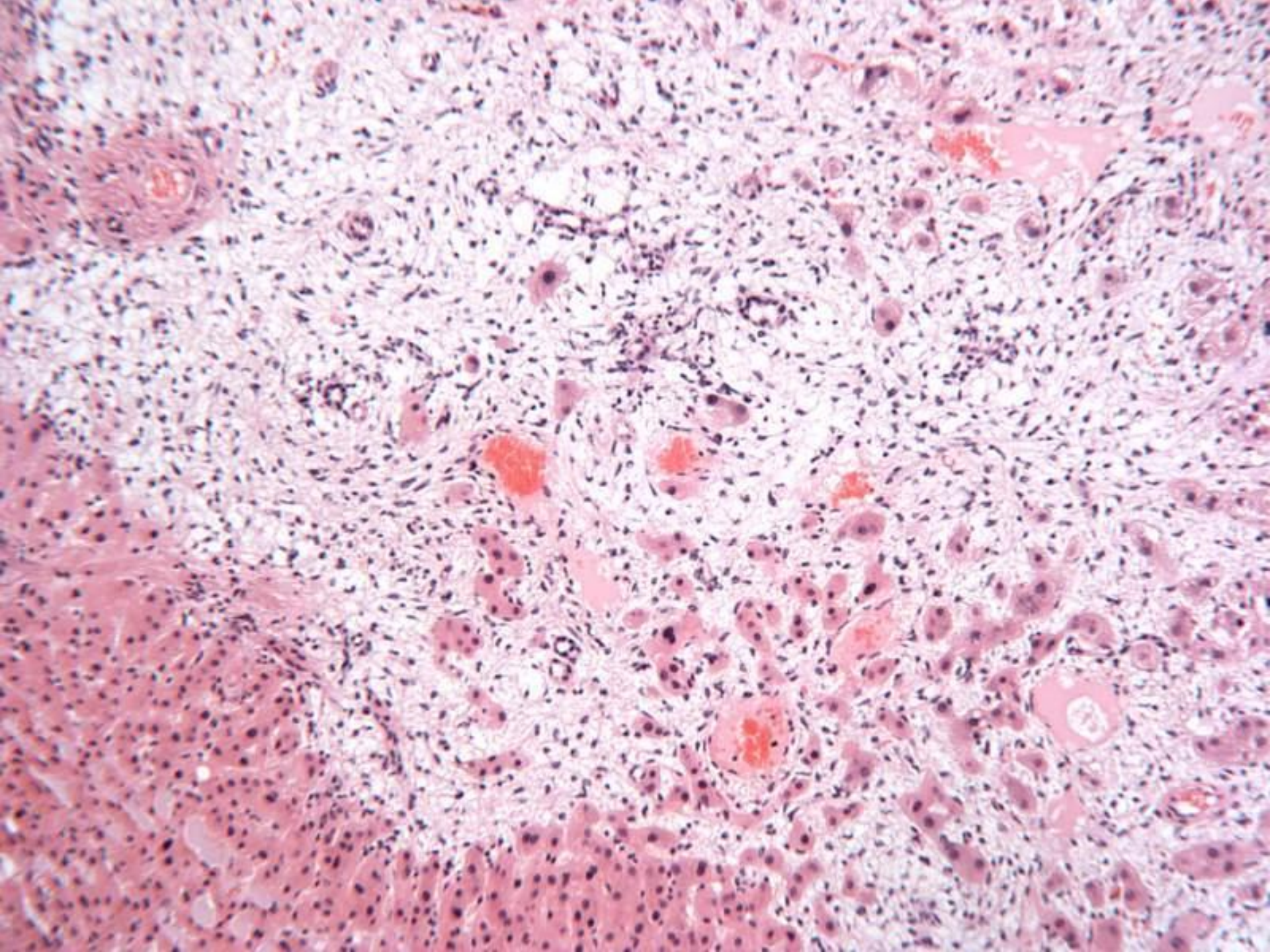
Clinical diagnosis: ?metastatic GIST.

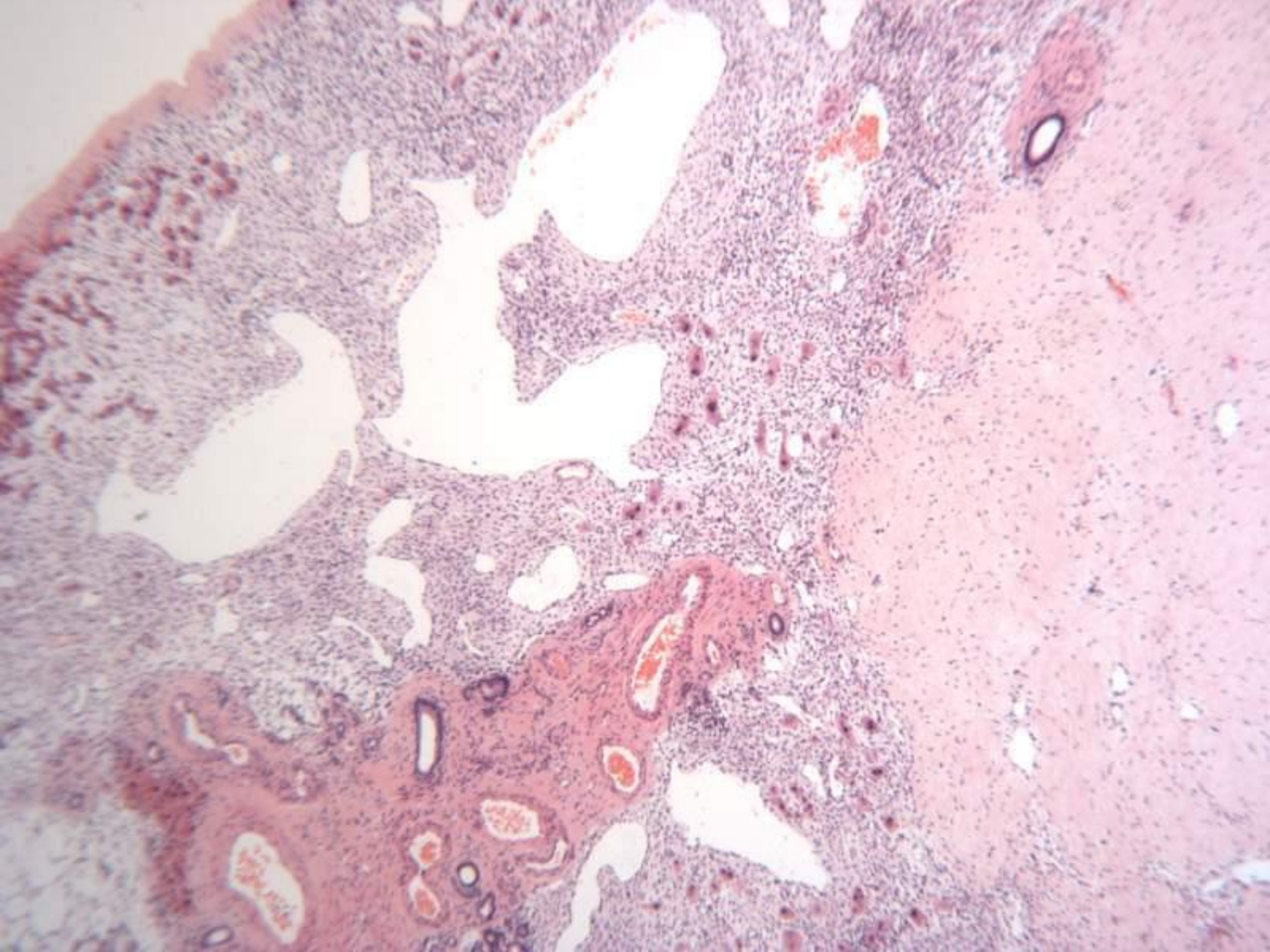
*Immunohistological findings of liver lesion:
c-kit negative, actin +ve, desmin focally +ve,
CD34 –ve, HMB-45 –ve.*

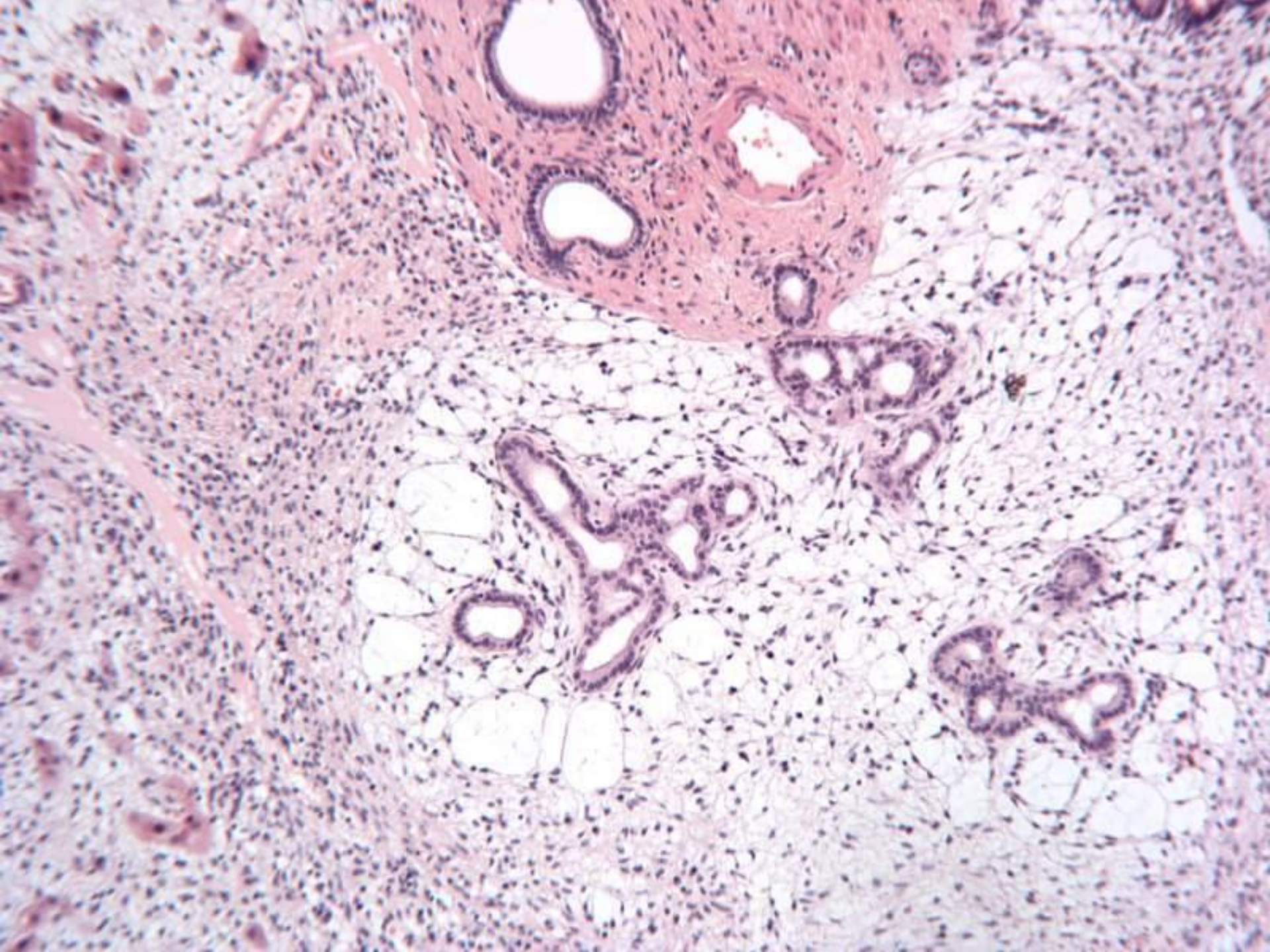
Case 198











Case 198 Responses

Mesenchymal hamartoma – 39

Hamartoma NOS – 3

Benign mesenchymal tumour – 10

(angiomyolipoma – 2, myofibroblastic tumour – 3

Leiomyoma – 1, sclerosed lymphangioma – 1)

Metastatic GIST – 1

Malignant spindle cell tumour – leiomyosarcoma – 1

Comments:

Wrong age and size for mesenchymal hamartoma – 9

NOT metastatic GIST – 5

Difficult case, not for EQA – 1

Diagnosis from Submitting Pathologist – mesenchymal hamartoma

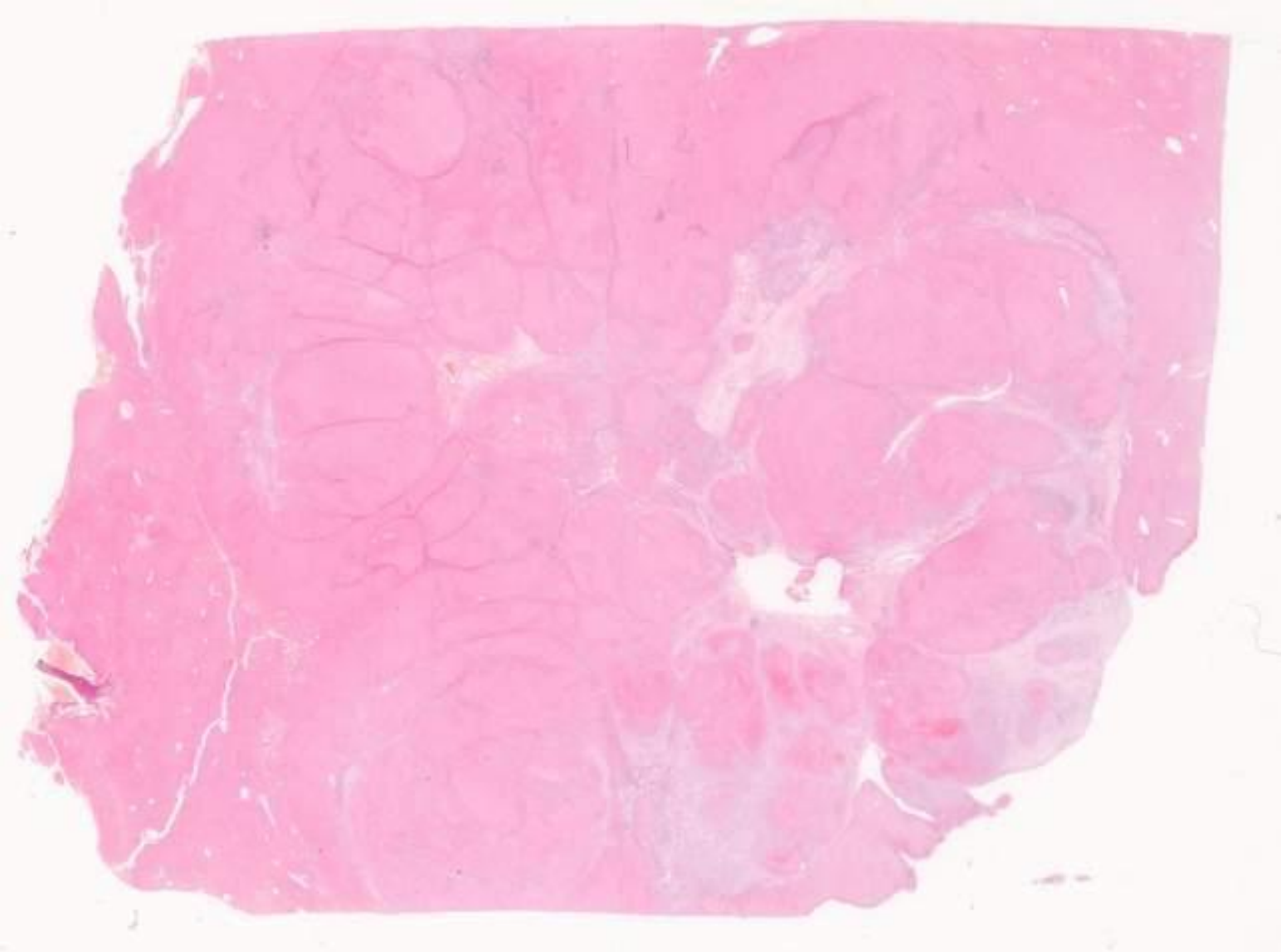
Case 199

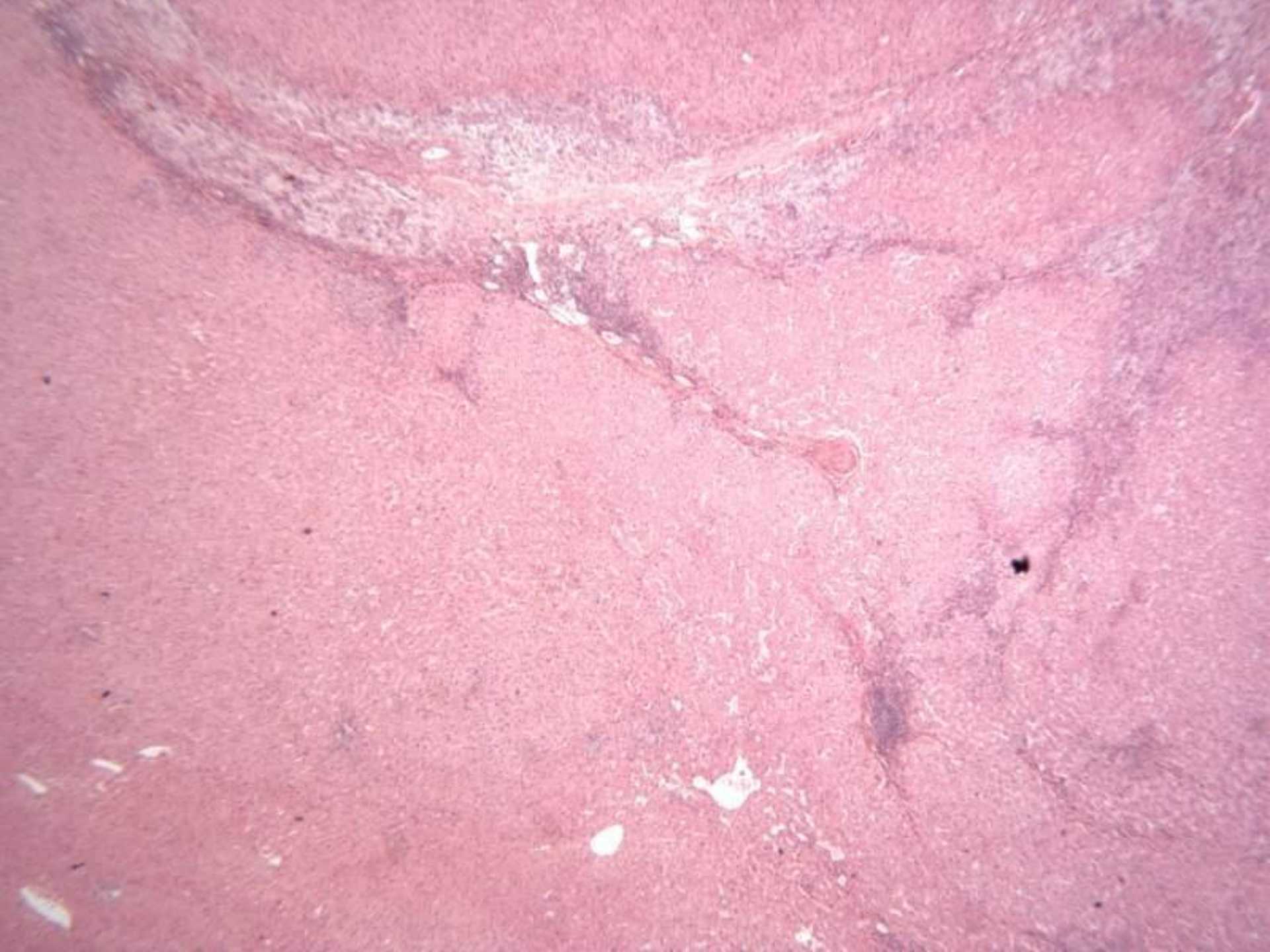
Female aged 43. No clinical information received of presenting symptoms.

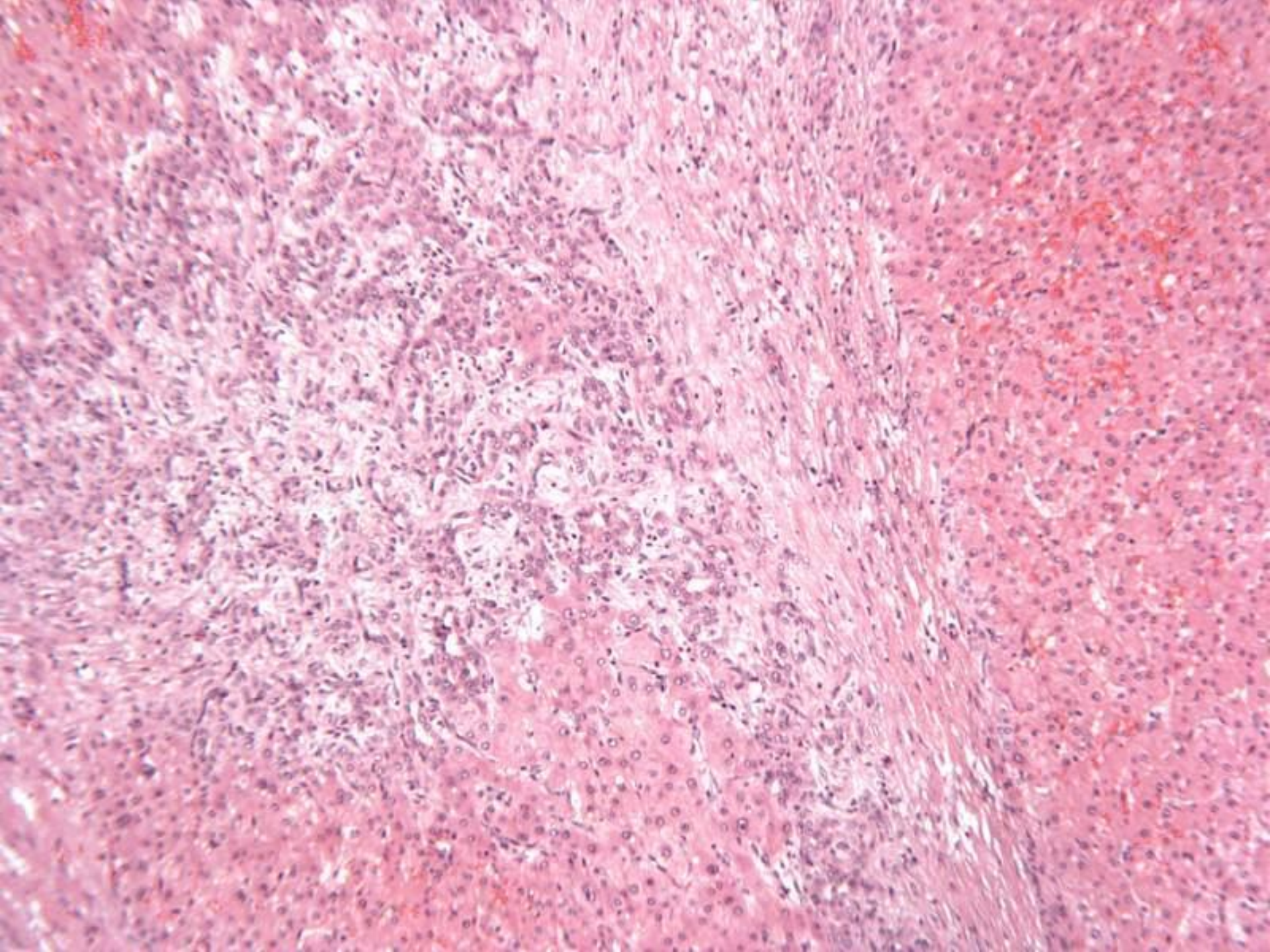
Segmental resection of lesion segment 5 of liver.

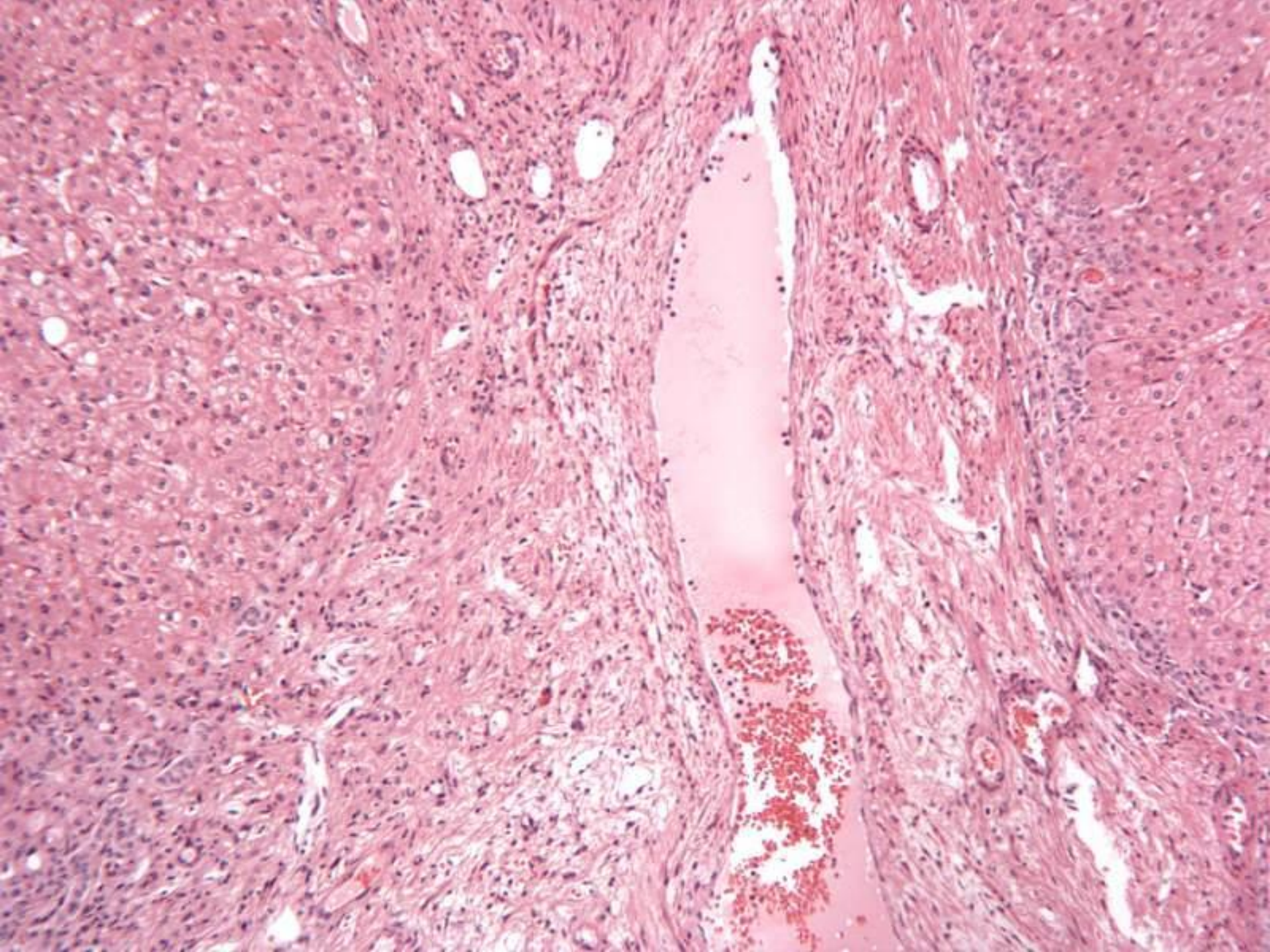
Also cholecystectomy done - gall bladder showed patchy mild chronic inflammation.

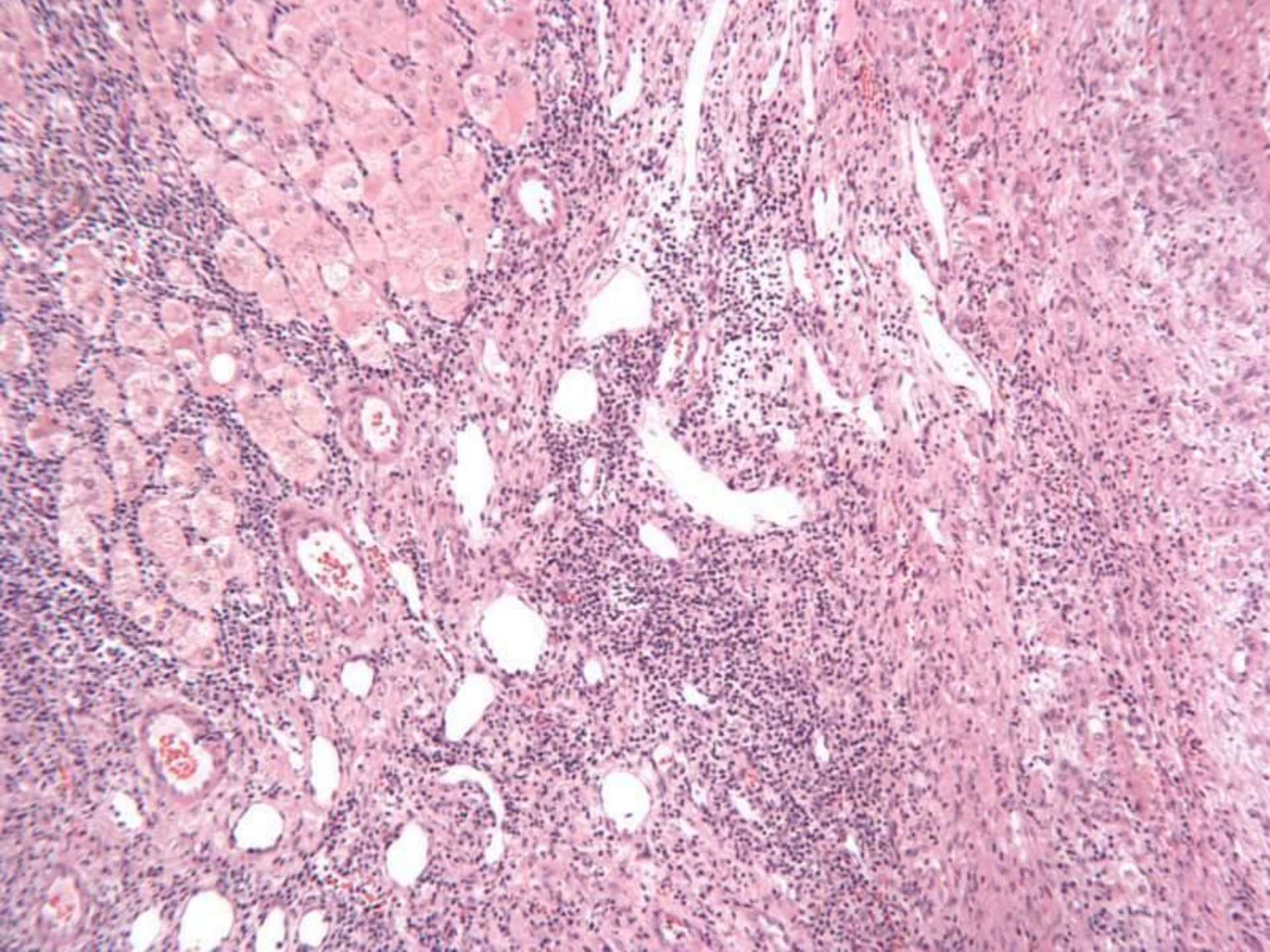
Case 199











Case 199 Responses

Focal nodular hyperplasia – 55

Comments:

Several commented on pathogenesis from local increased arterial flow

Need more blocks to exclude HCC – 1

Discuss lymphoid infiltrate in FNH – 1

Comment on normal surrounding liver – several

Diagnosis of submitting pathologist

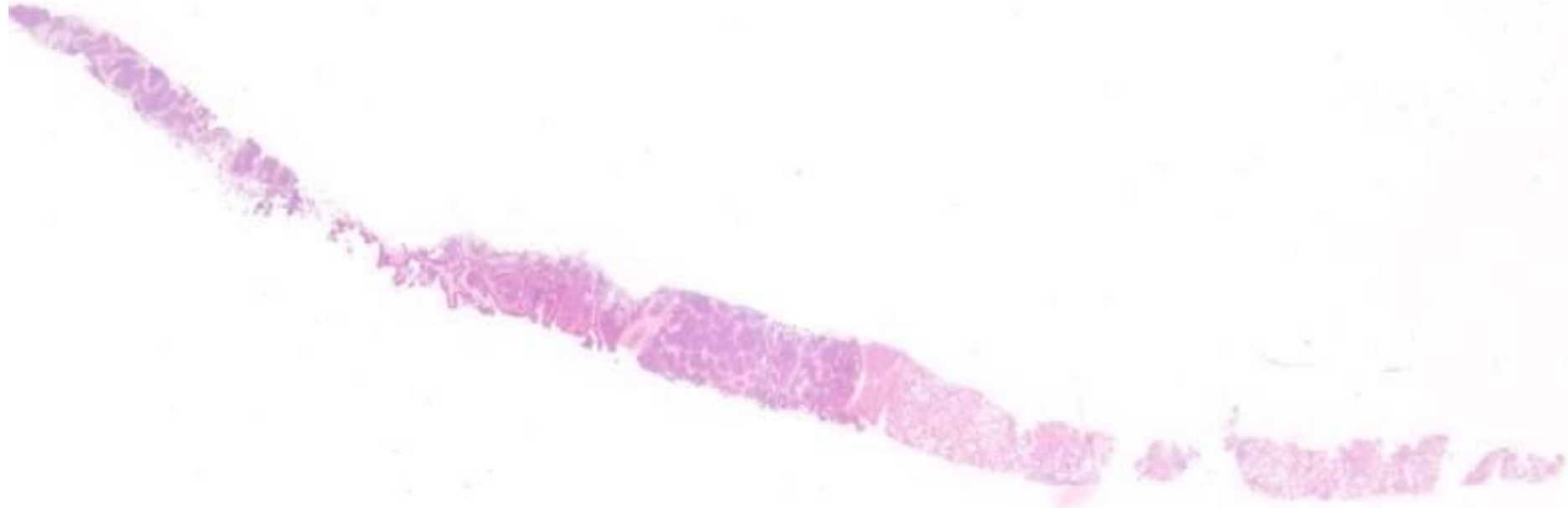
Focal nodular hyperplasia of liver

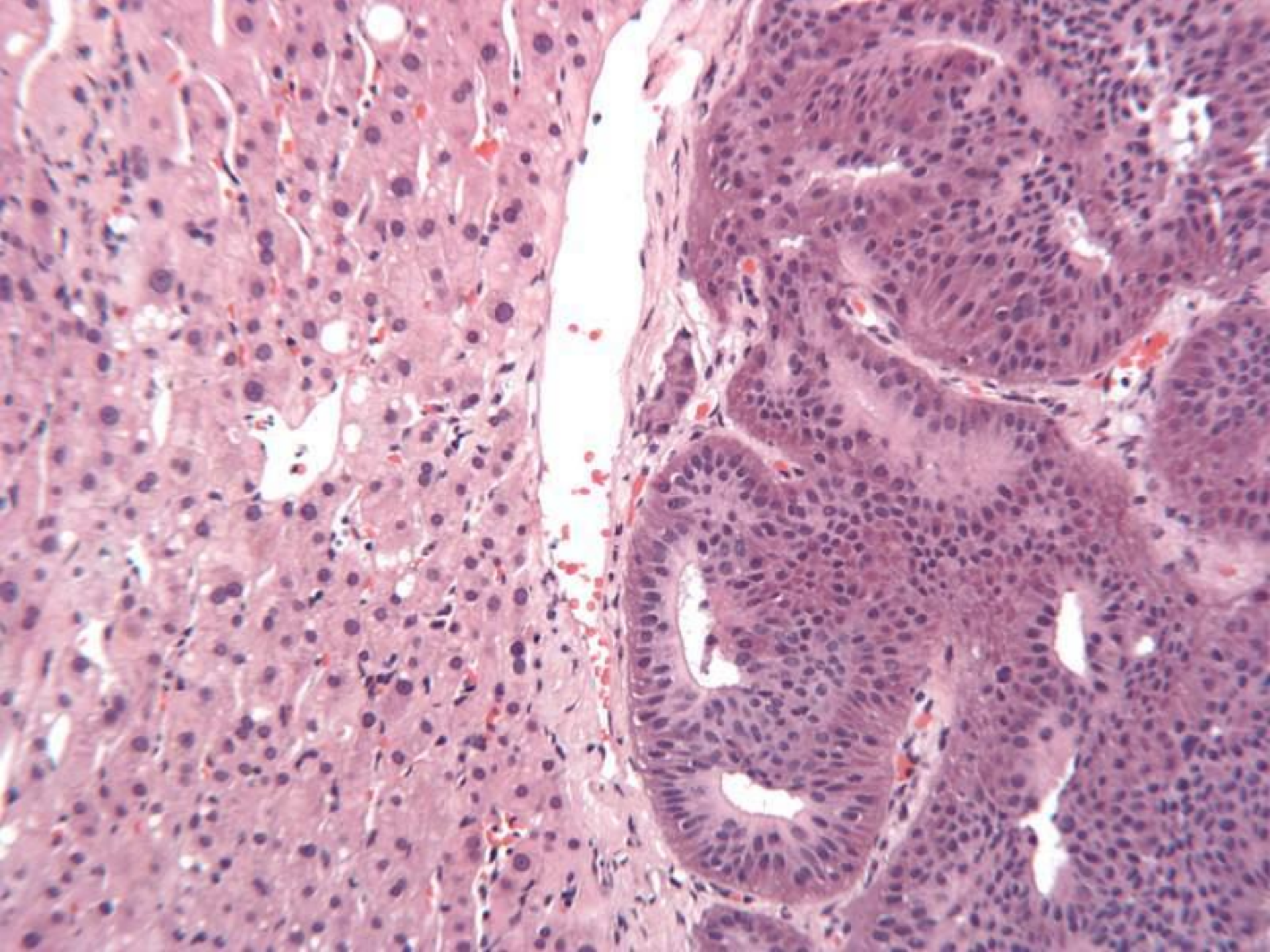
Case 200

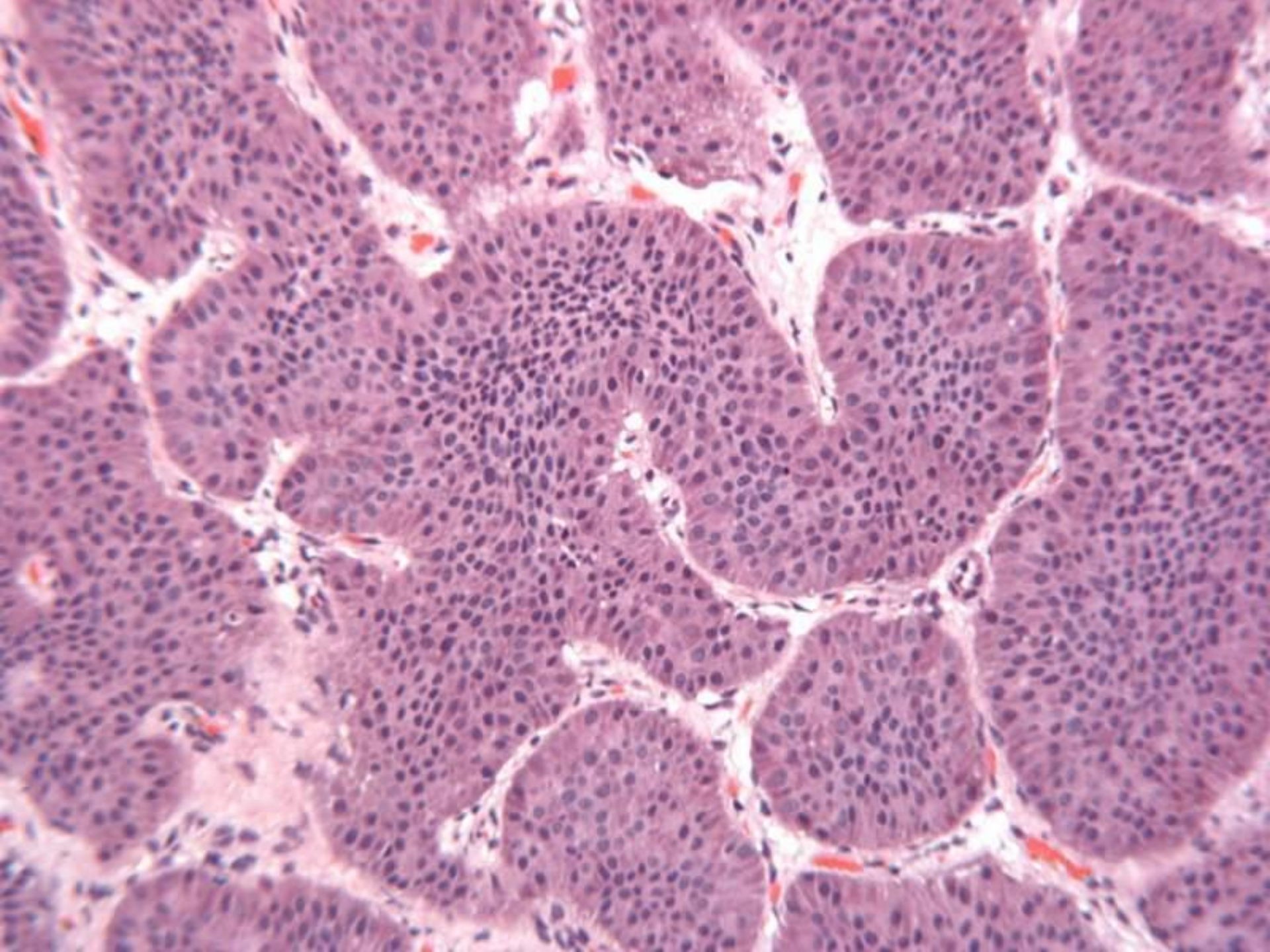
Male aged 79. Presented to urologists with vague urinary symptoms. US of liver showed multiple deposits believed to be metastatic. Referred to general surgeons. US guided liver biopsy.

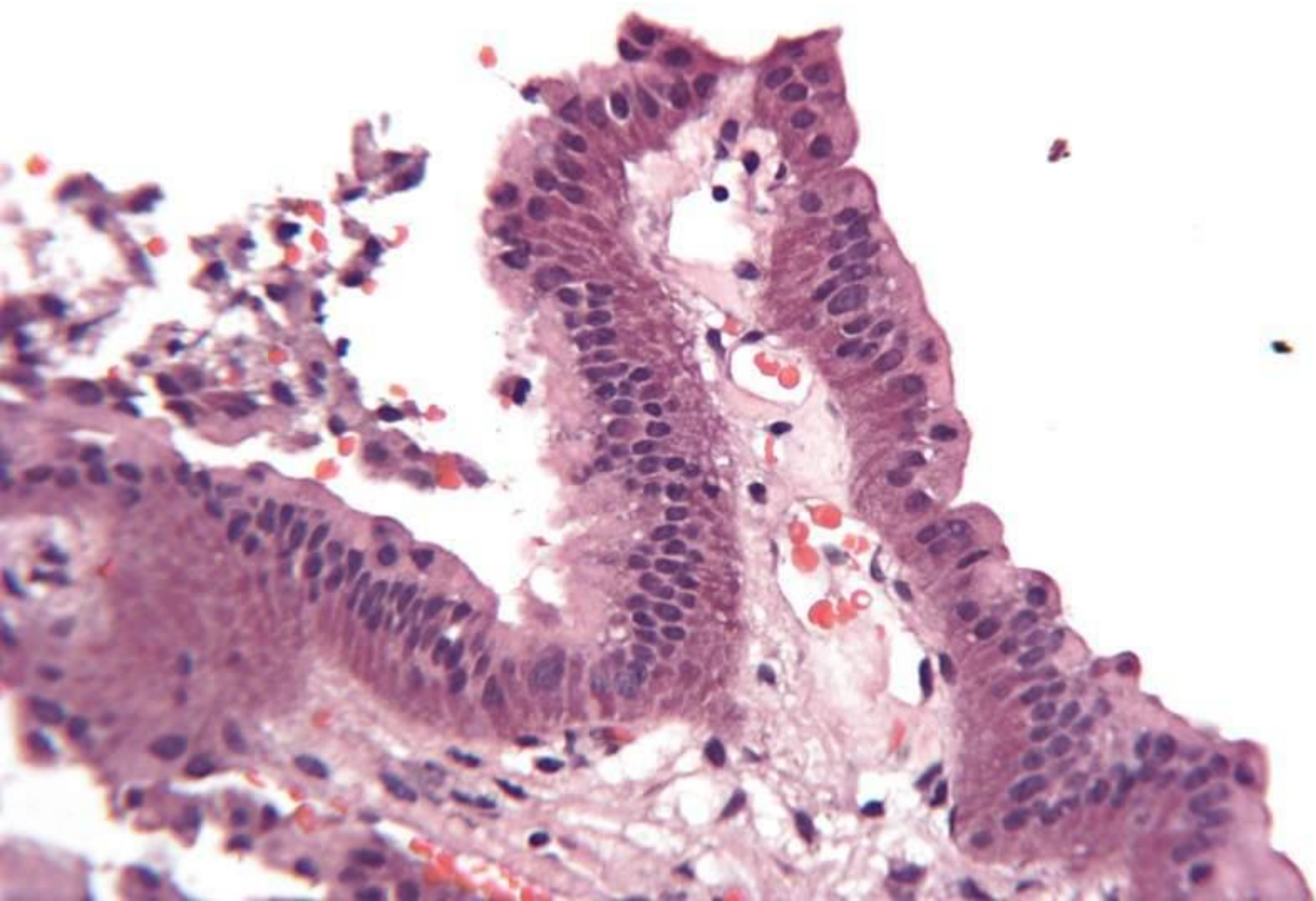
Immunohistochemistry on biopsy showed positivity with synaptophysin, chromogranin and CK 56. Staining was negative with CEA, CK7, CK20, TTF1 and PSA

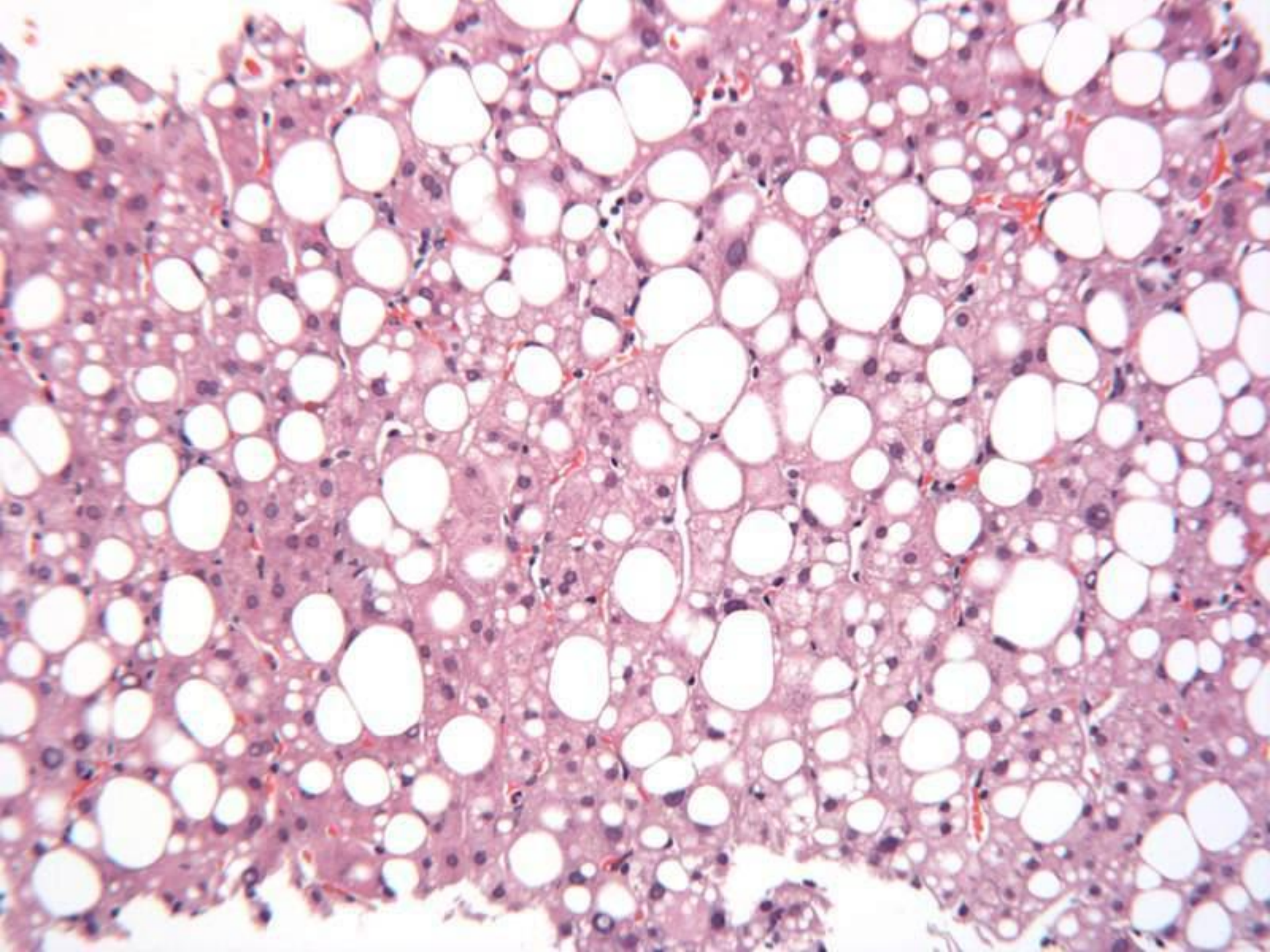
Case 200











Case 200 Responses

Neuroendocrine tumour – 26

Neuroendocrine (carcinoid) – 19

Carcinoid tumour – 9

Mixed endocrine/ductal tumour ?pancreatic
primary – 1

Comments:

Most likely primary site in GI tract or pancreas – 14

?bladder primary – GIT not mentioned – 2

investigations for primary site/hormone activity – 3

Case 200 Responses

Fatty liver also mentioned – 30

Steatosis – 23

Steatohepatitis - 6

Fatty liver disease – 1

Diagnosis of submitting pathologist

Carcinoid tumour

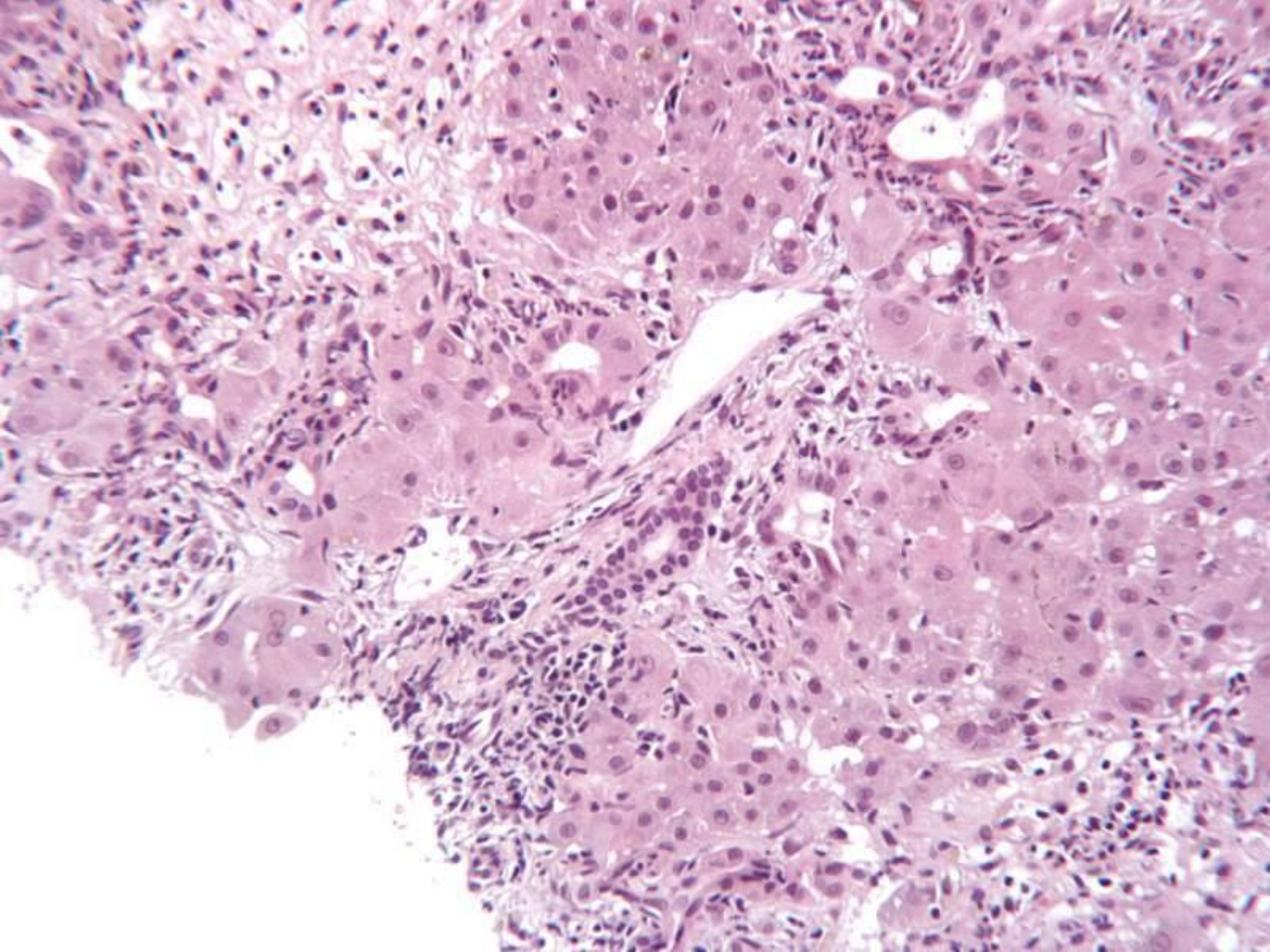
Case 201

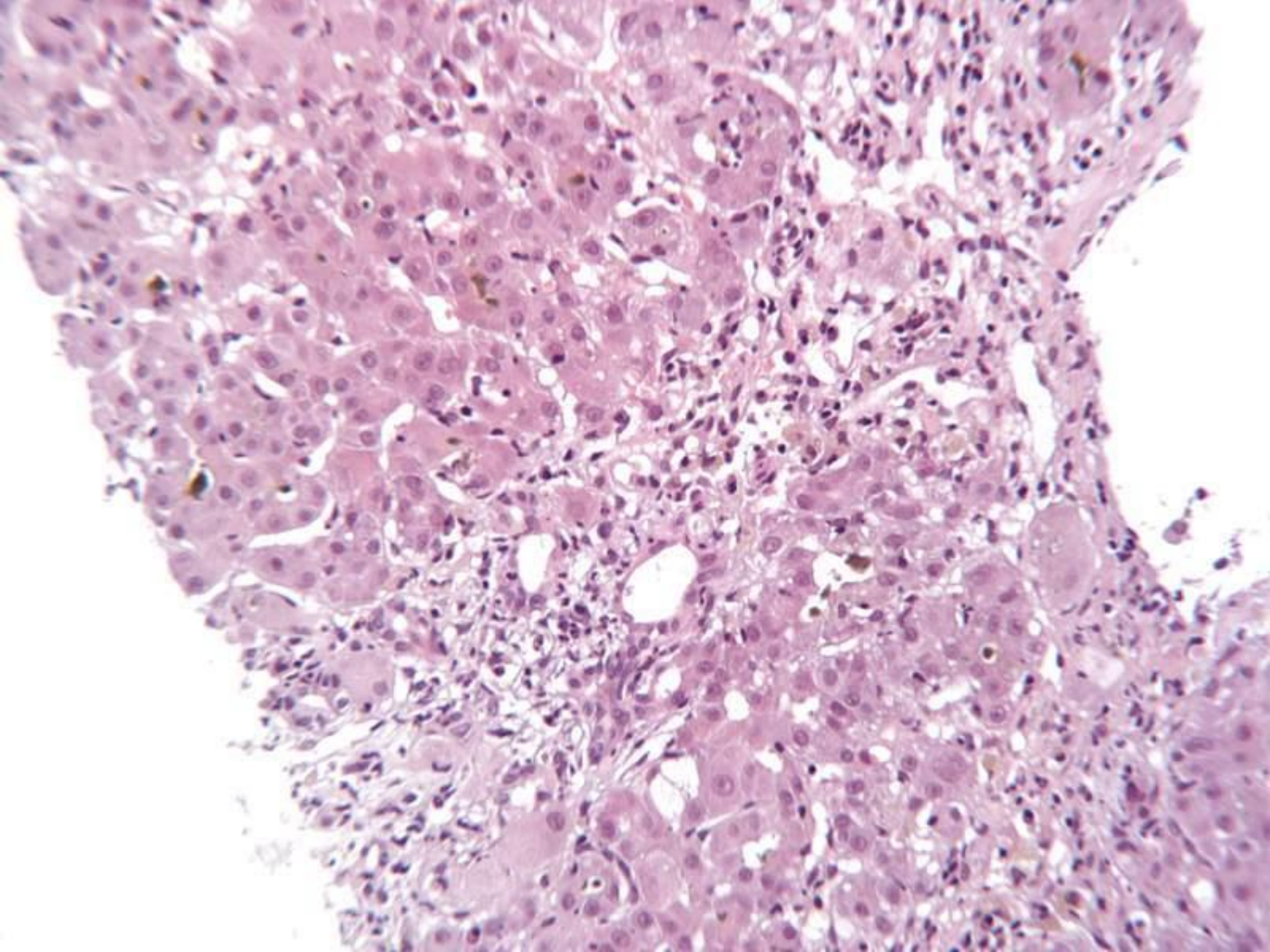
Jaundice, not dilated ducts ? cause. Further history: rheumatoid on methotrexate, recent infection treated by flucloxacillin – stopped it 2 weeks before biopsy.

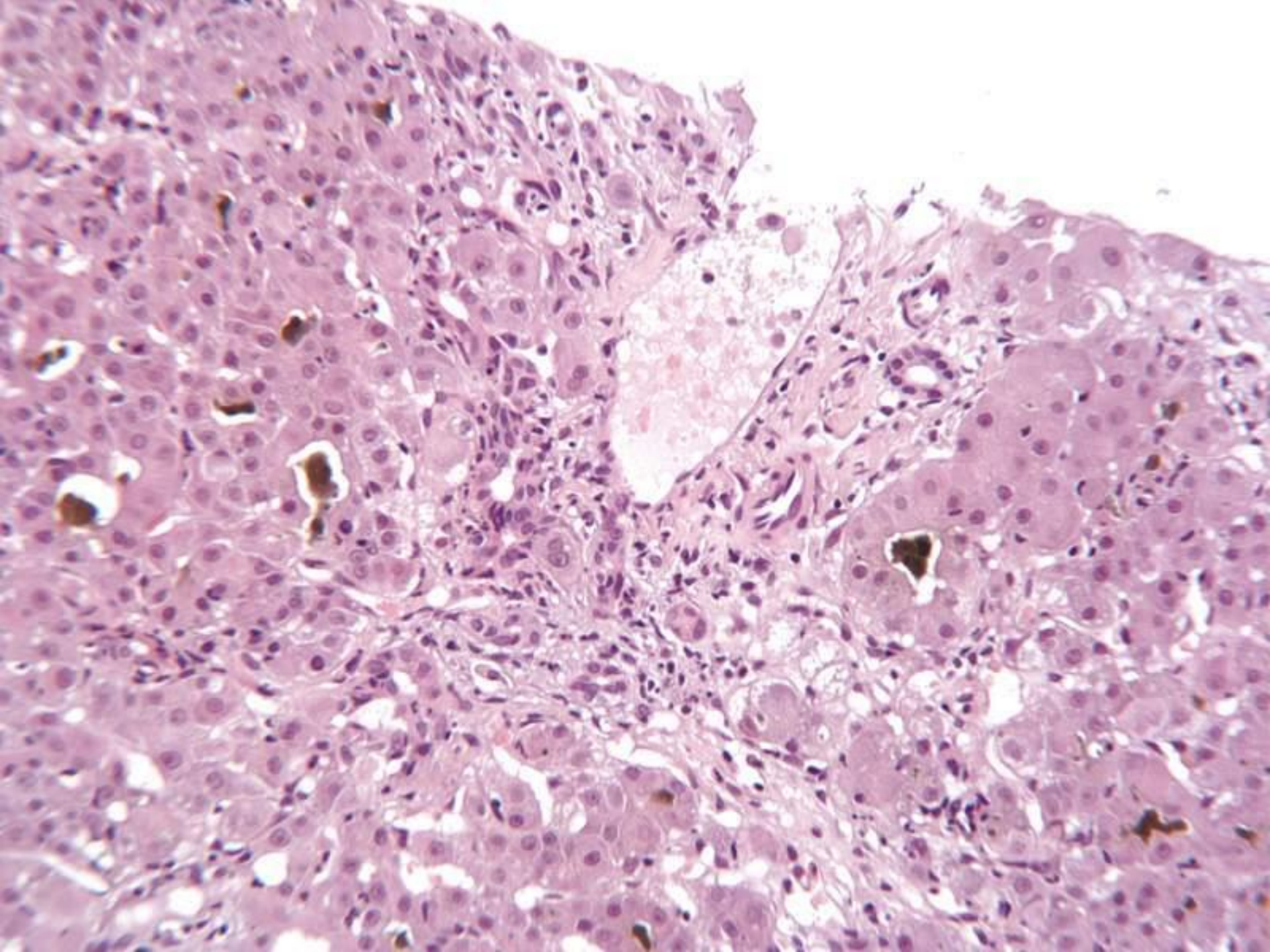
Viral serology and autoantibodies negative.

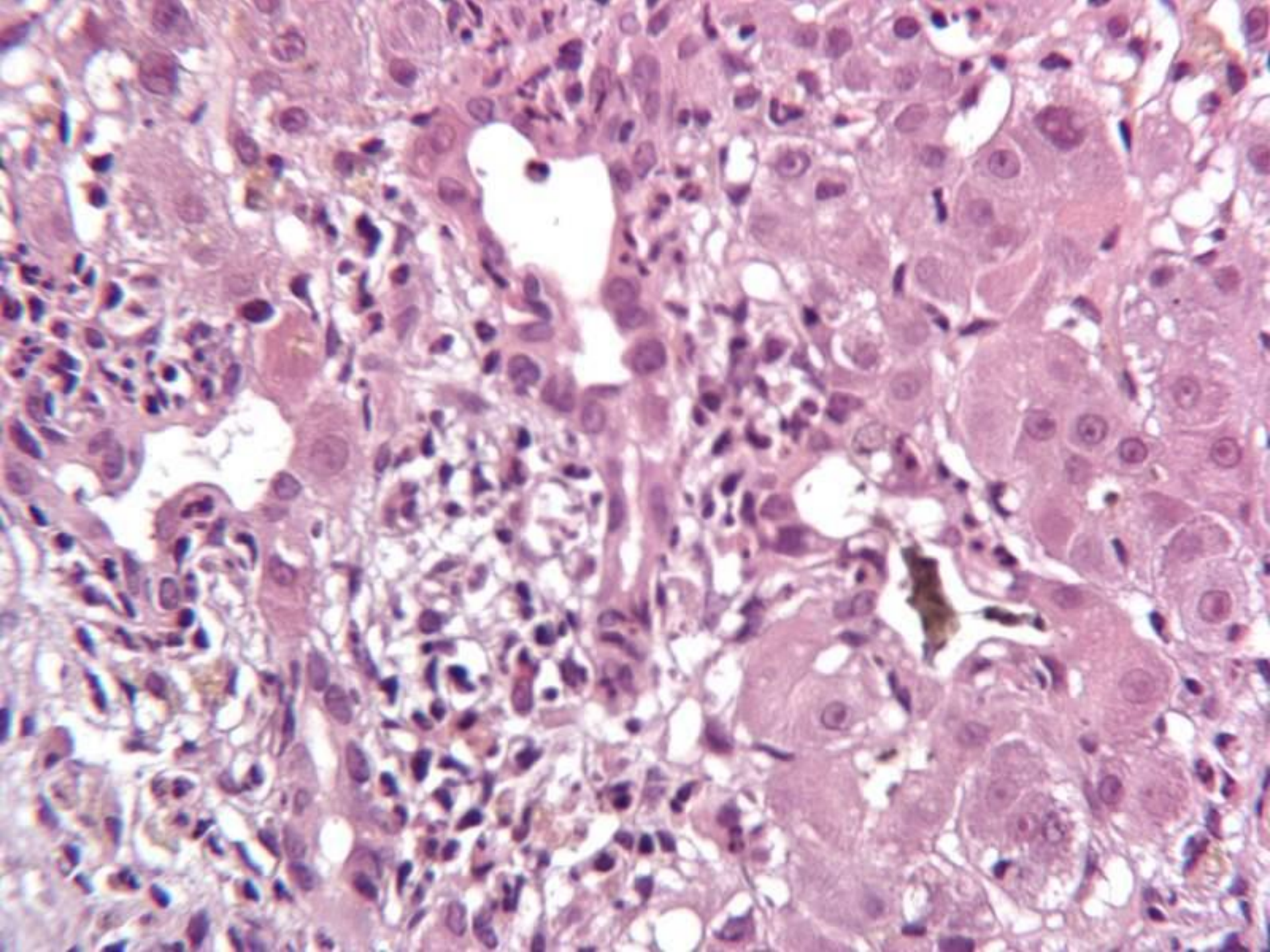
Case 201

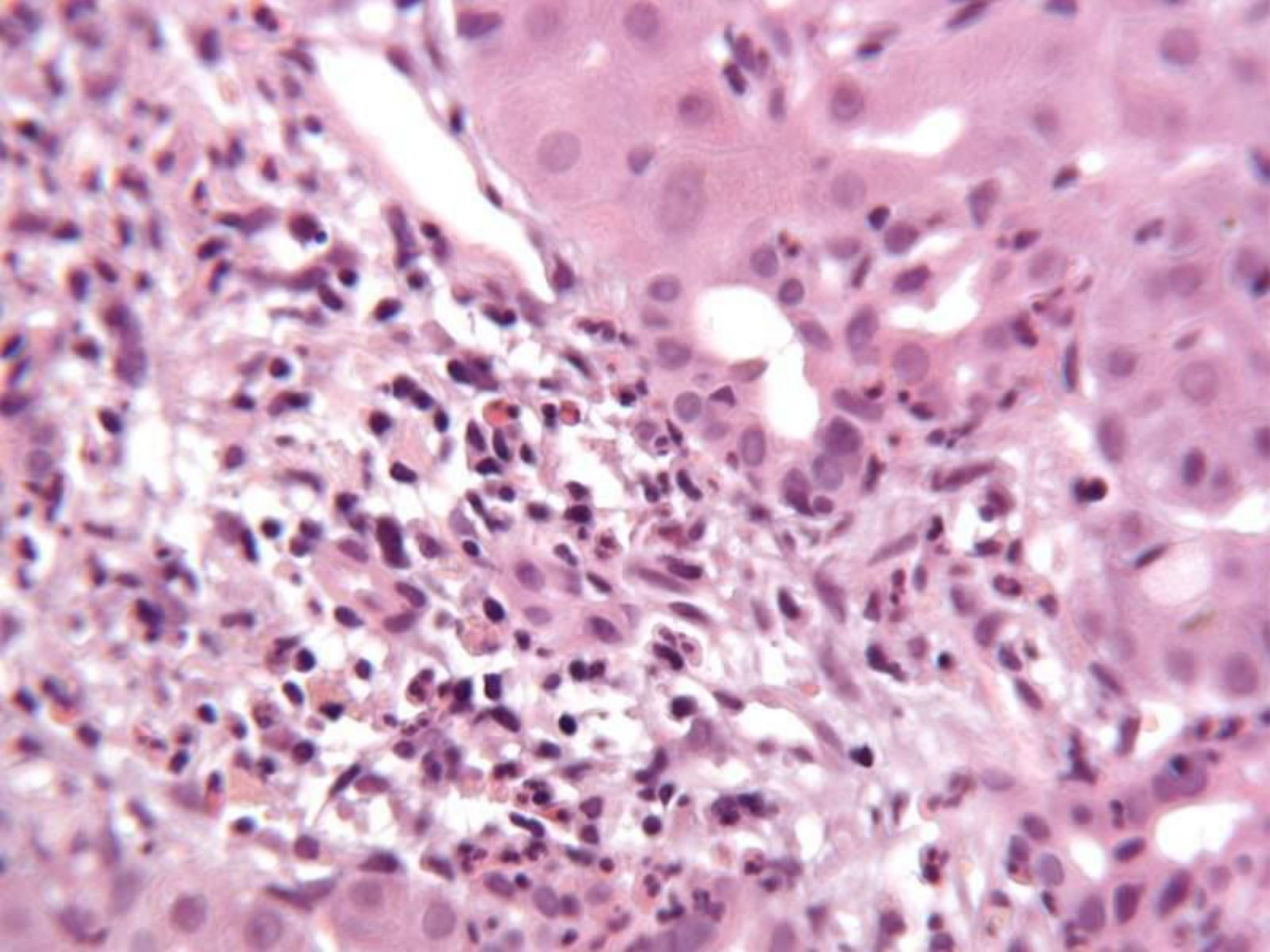












Case 201 Responses

Morphology

Cholestatic hepatitis \pm bridging or confluent necrosis – 51

Chronic cholestatic hepatitis with cholangitis – 2

Pre-cirrhosis with ascending cholangitis – 2

Cholestasis ? large bile duct obstruction – 1

Aetiology

Flucloxacillin – 44

Drugs – not specified which – 10

Drugs not mentioned – 1

Diagnosis of submitting Pathologist

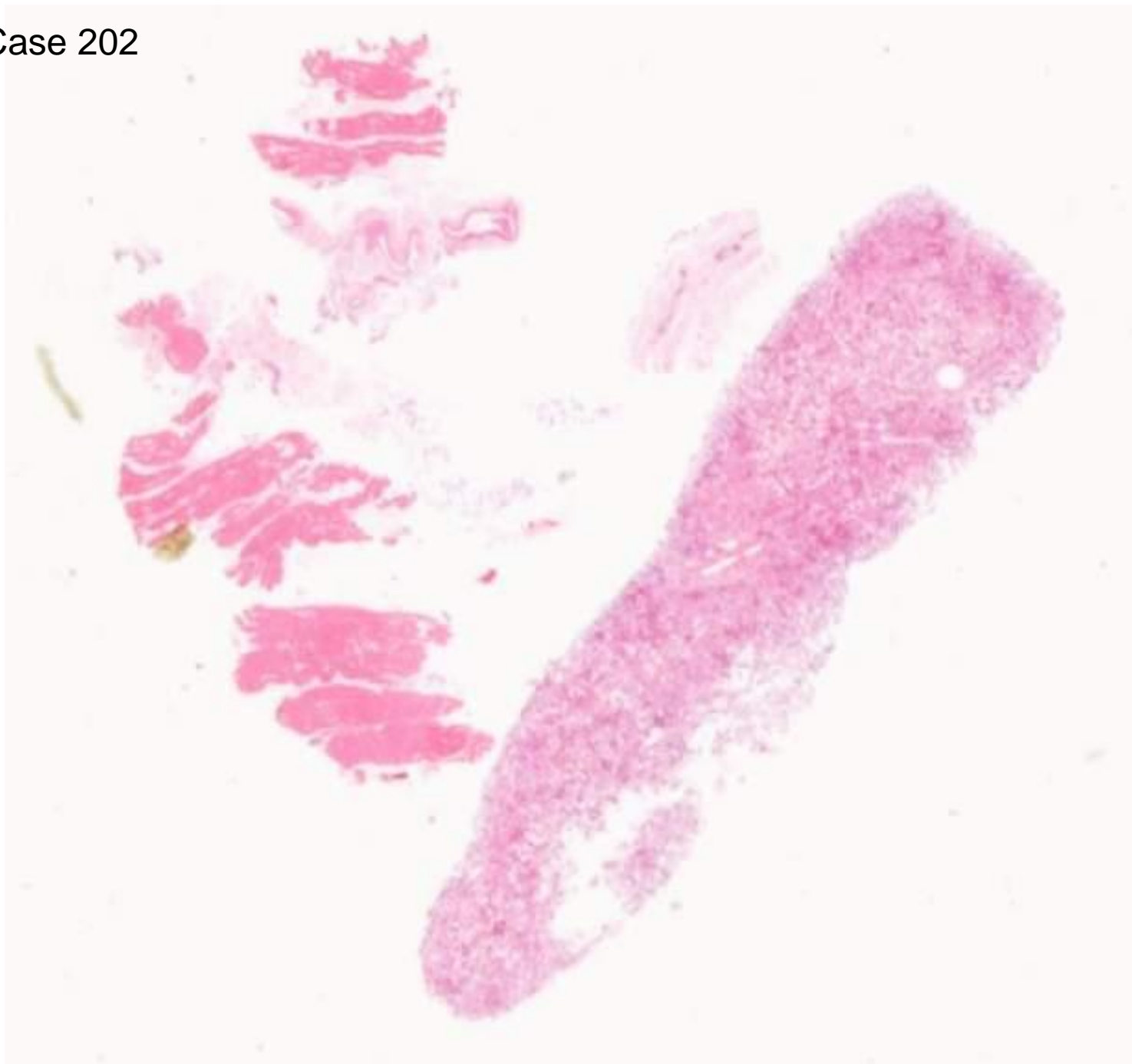
Flucloxacillin – induced hepatitis

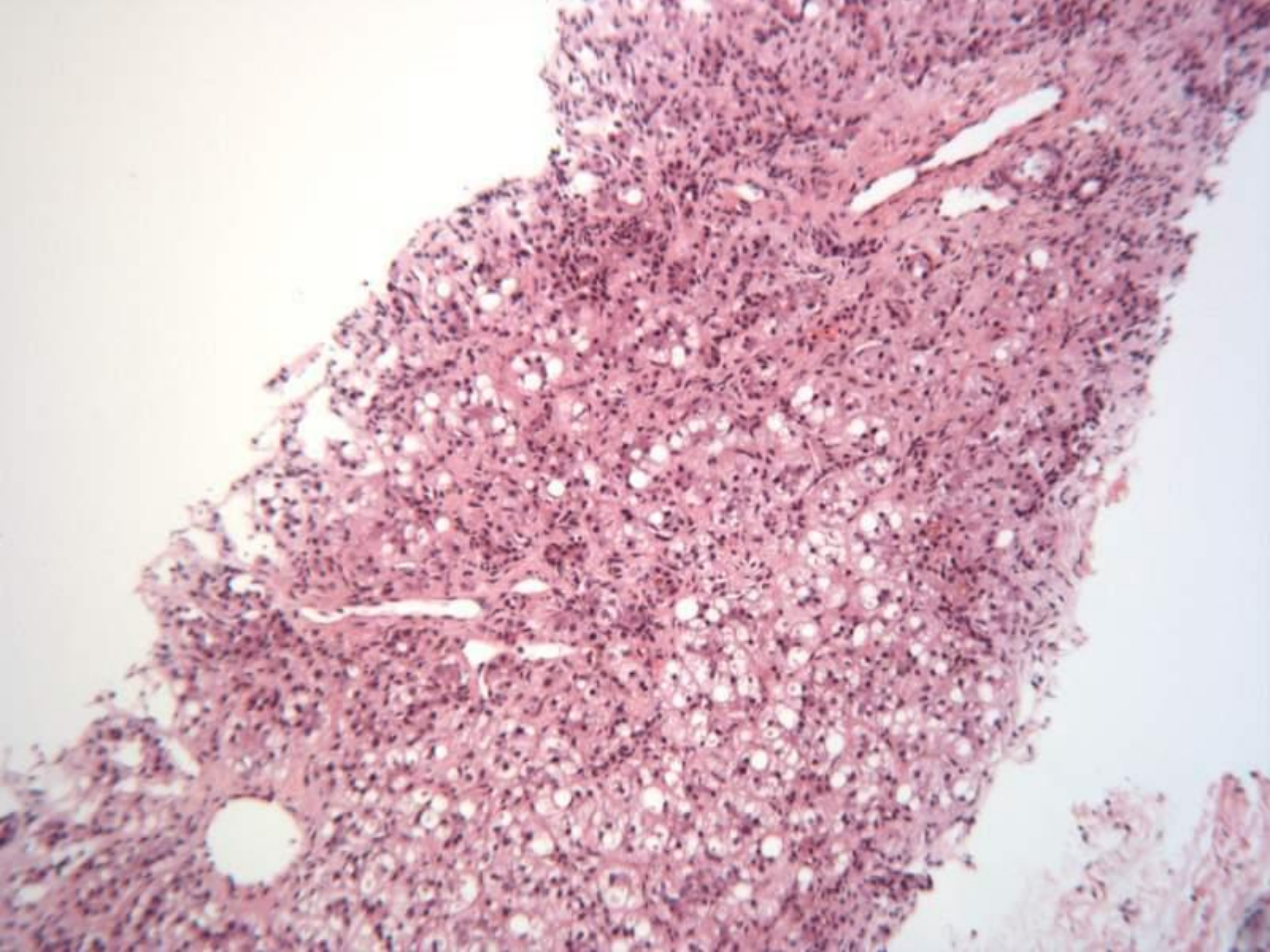
Case 202

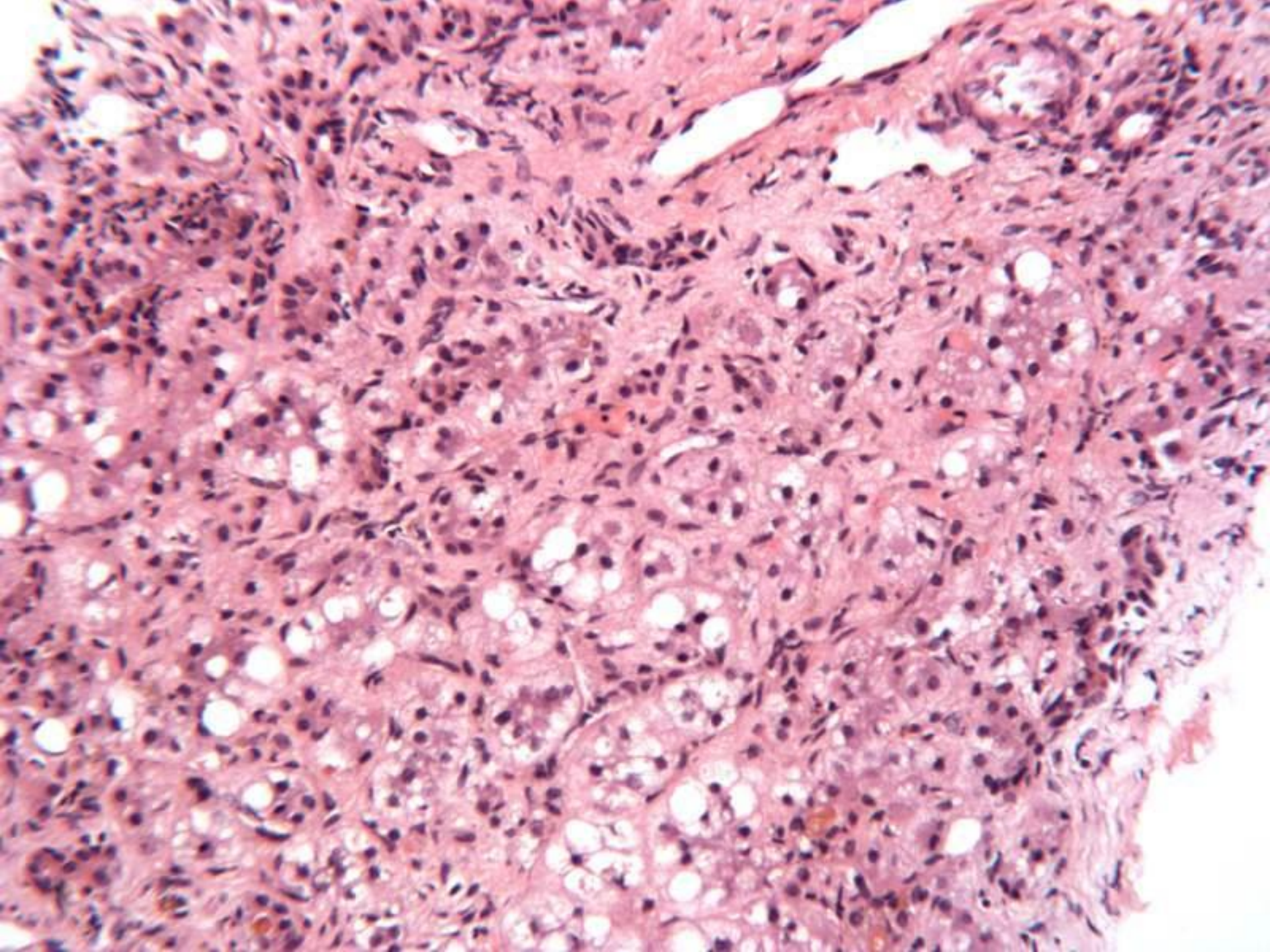
*3 week old female. Neonatal liver failure.
Hepatosplenomegaly.*

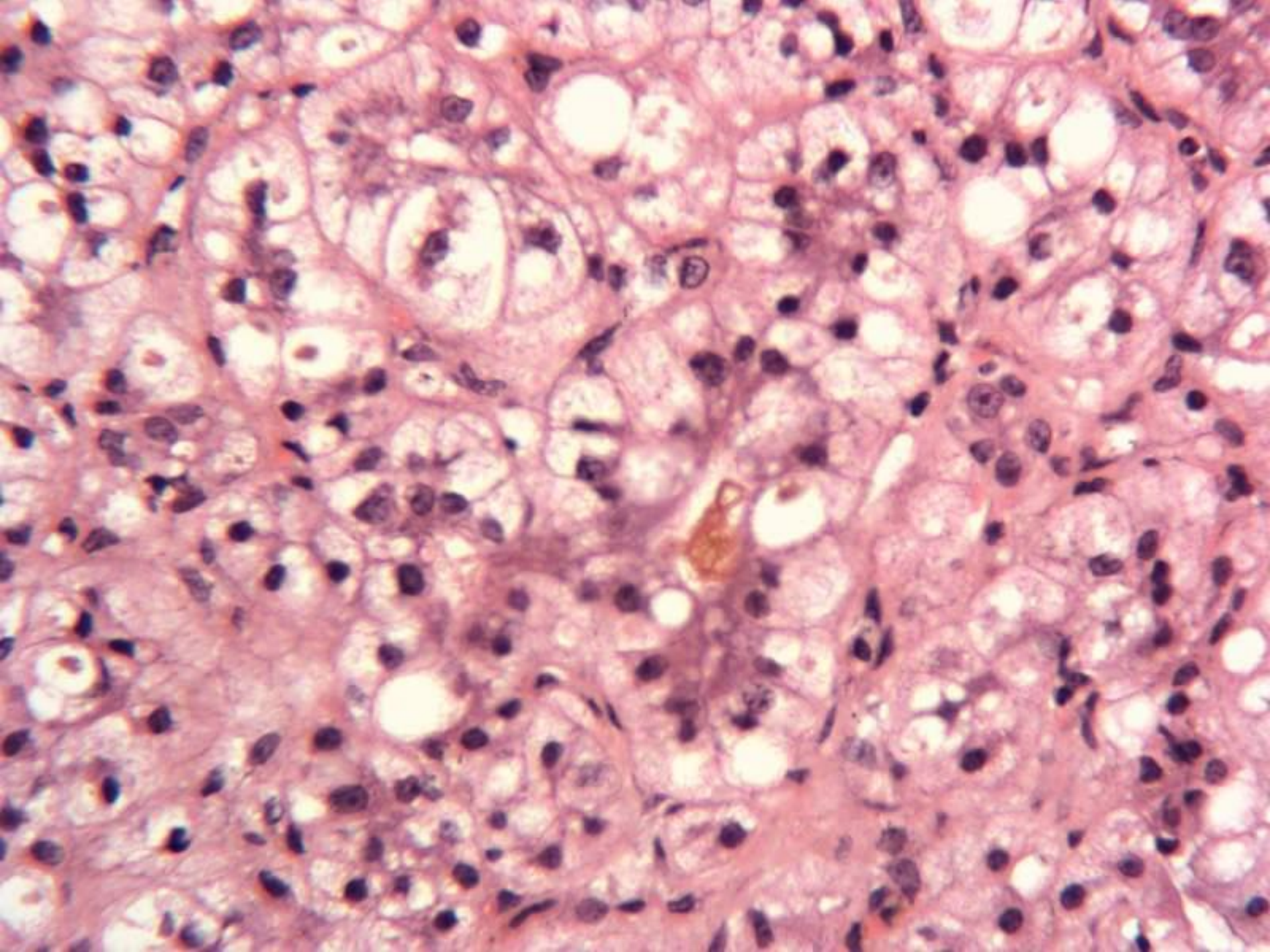
*Galactosaemia subsequently suggested by
a biochemical screening test. Mild
siderosis on Perls stain.*

Case 202









Case 202 Responses

Morphology

Steatosis/cholestasis/pseudoglandular transformation – 48

Neonatal hepatitis – 1

Steatohepatitis – 1

No morphological description other than c/w
Galactosaemia – 5

Aetiology

Galactosaemia – 55

Diagnosis of submitting pathologist:

Galactosaemia – typical changes are steatosis,
pseudoacinar transformation – cholestasis. Mild ductular
transformation

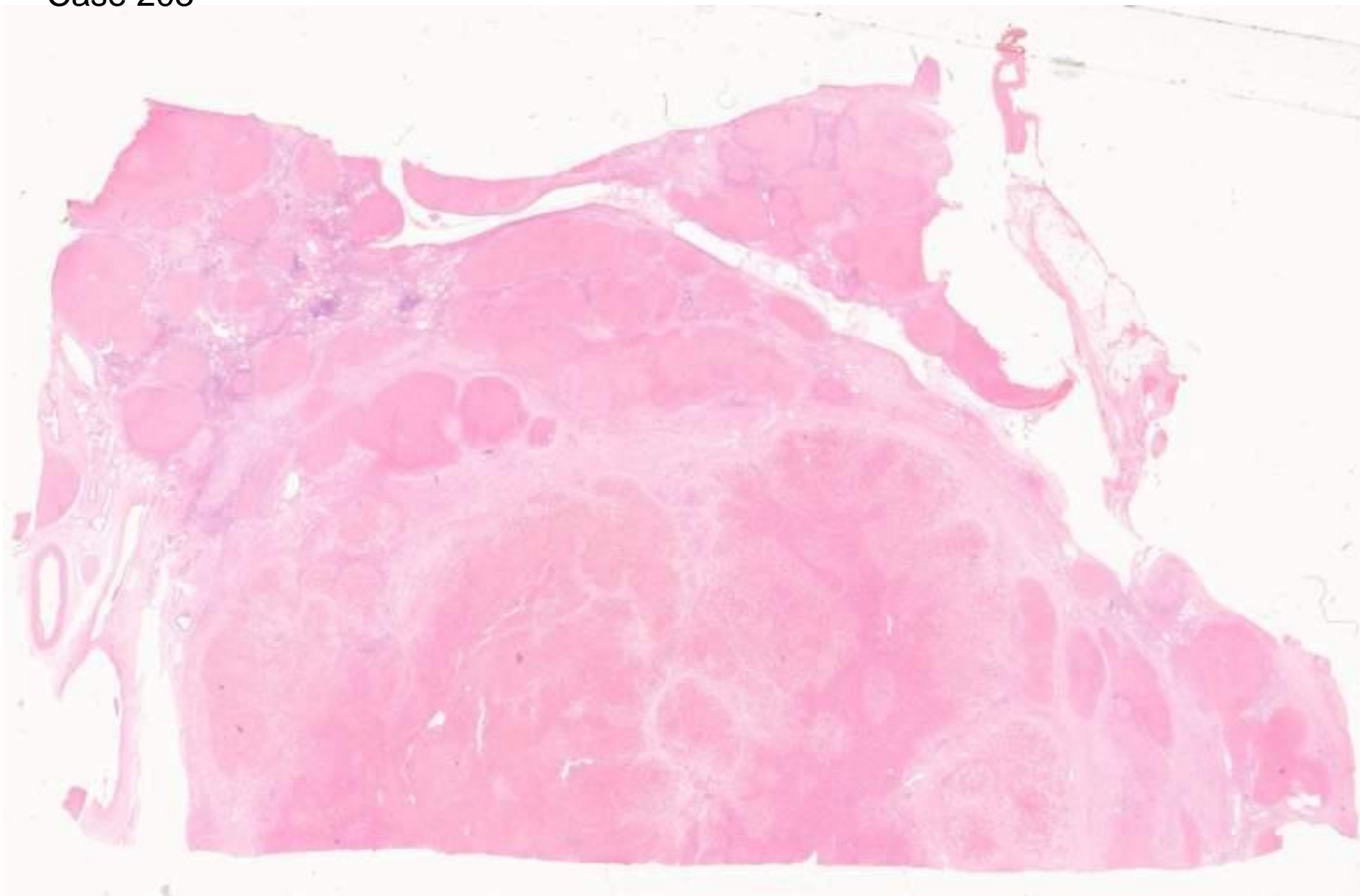
Case 203

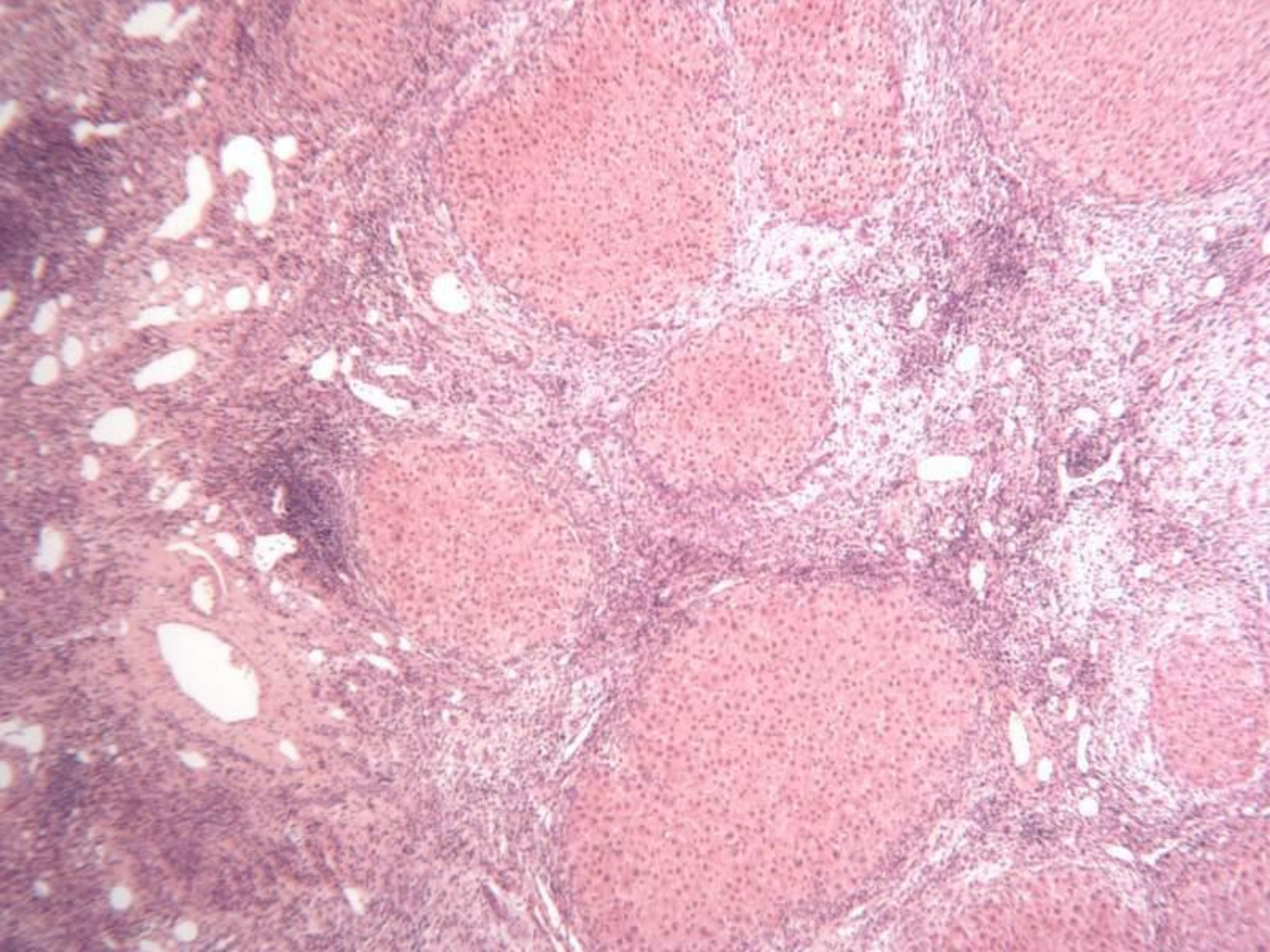
Cryptogenic cirrhosis 63 year old female.

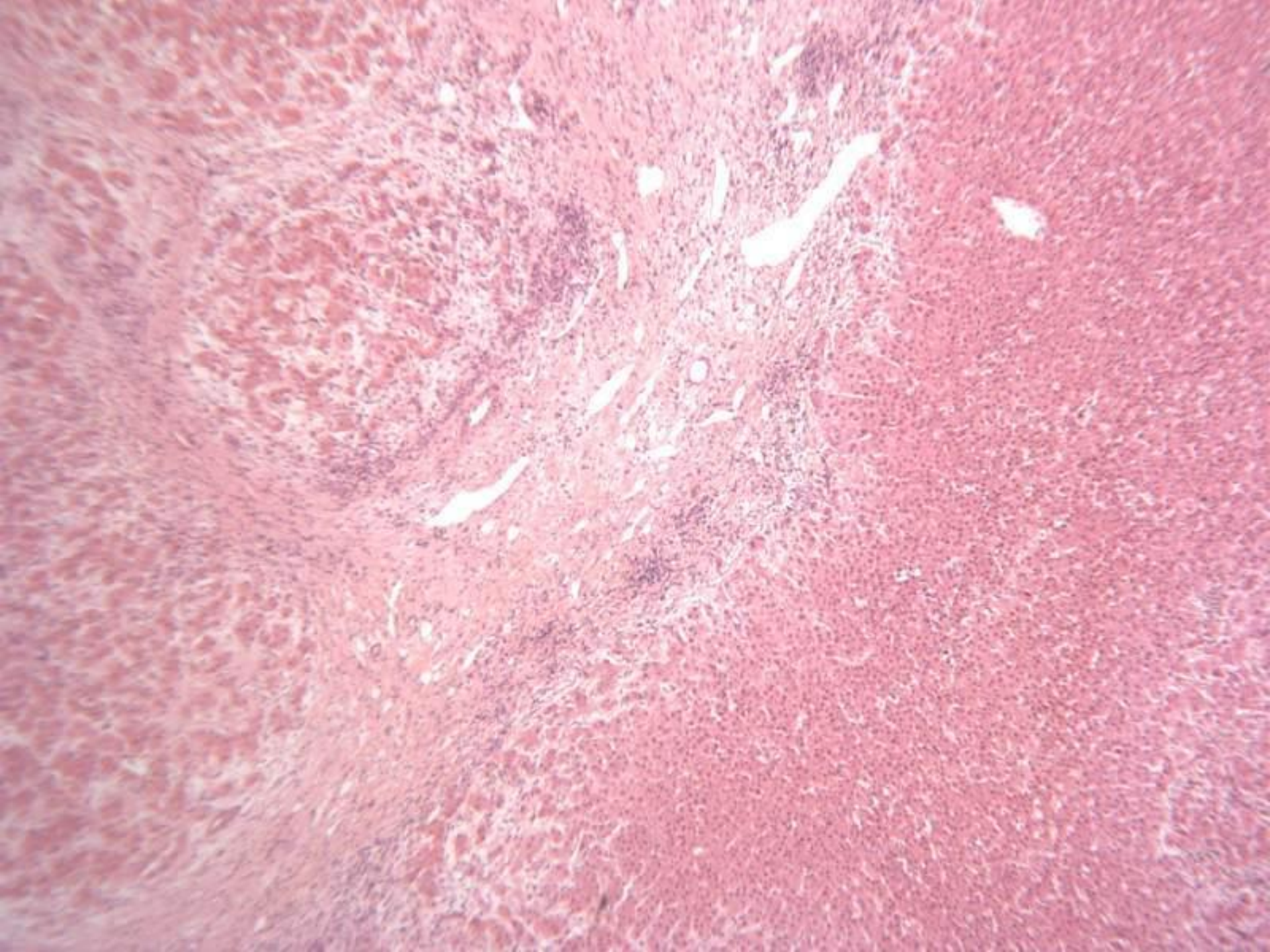
Abdominal ultrasound scan showed hypoechoic lesion and arterial phase peripheral rim with MFRI-Gadolinium. No recurrence at latest follow-up. Reticulin: stroma increased. CD34 patchy.

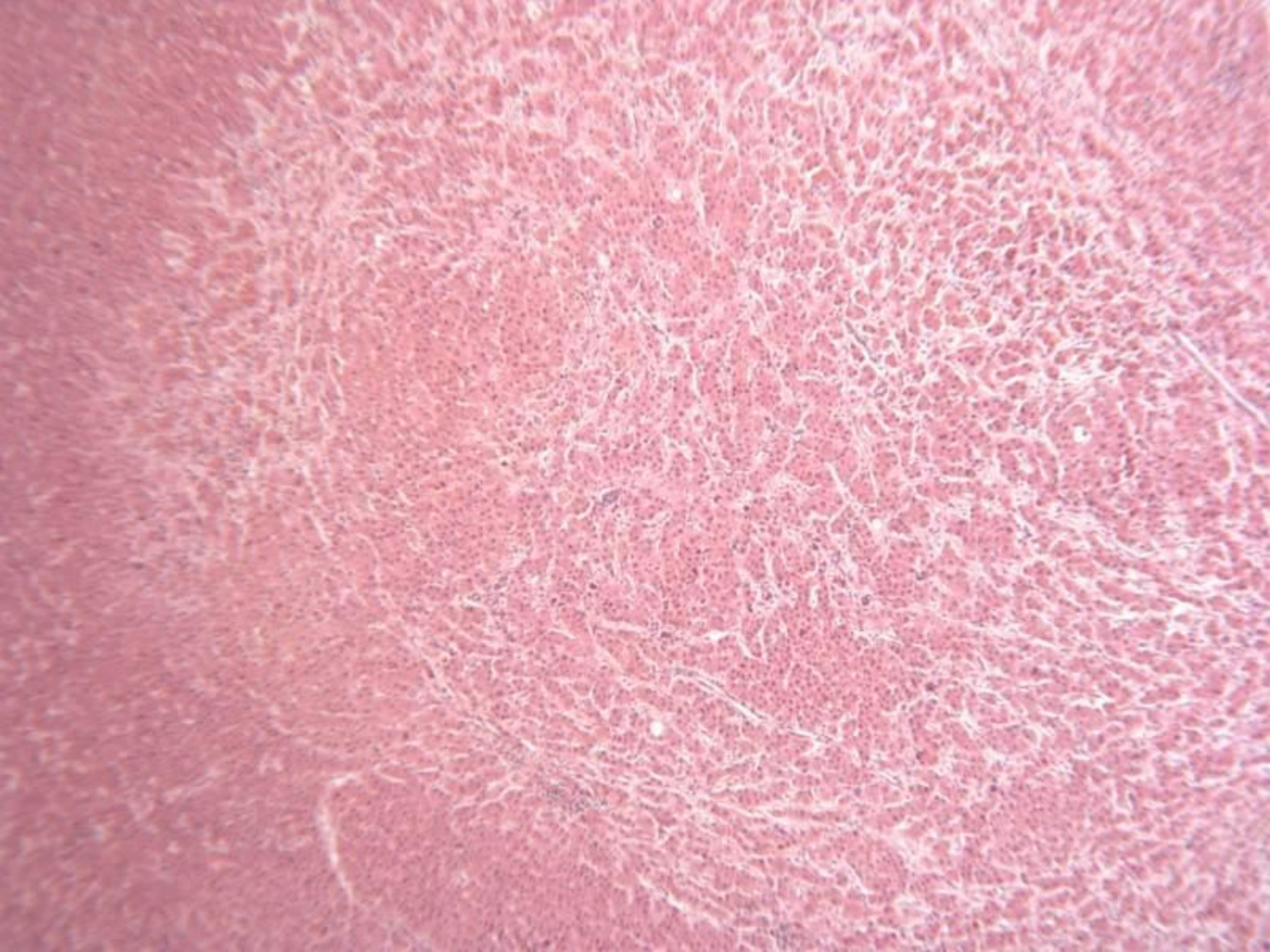
Macro: 23mm diameter bile stained nodule in the right lobe. A 6mm diameter nodule (LMRN) elsewhere (not submitted).

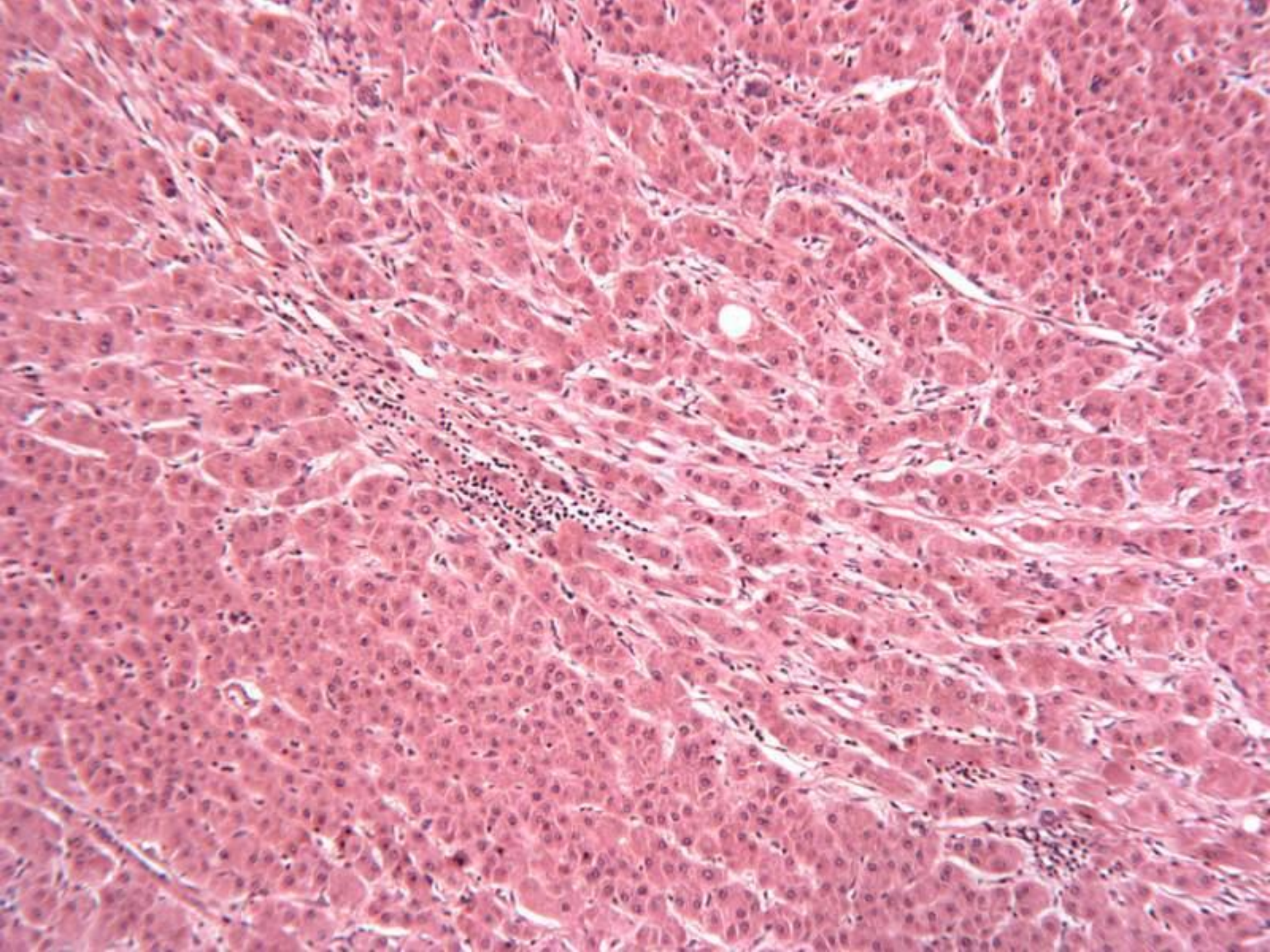
Case 203

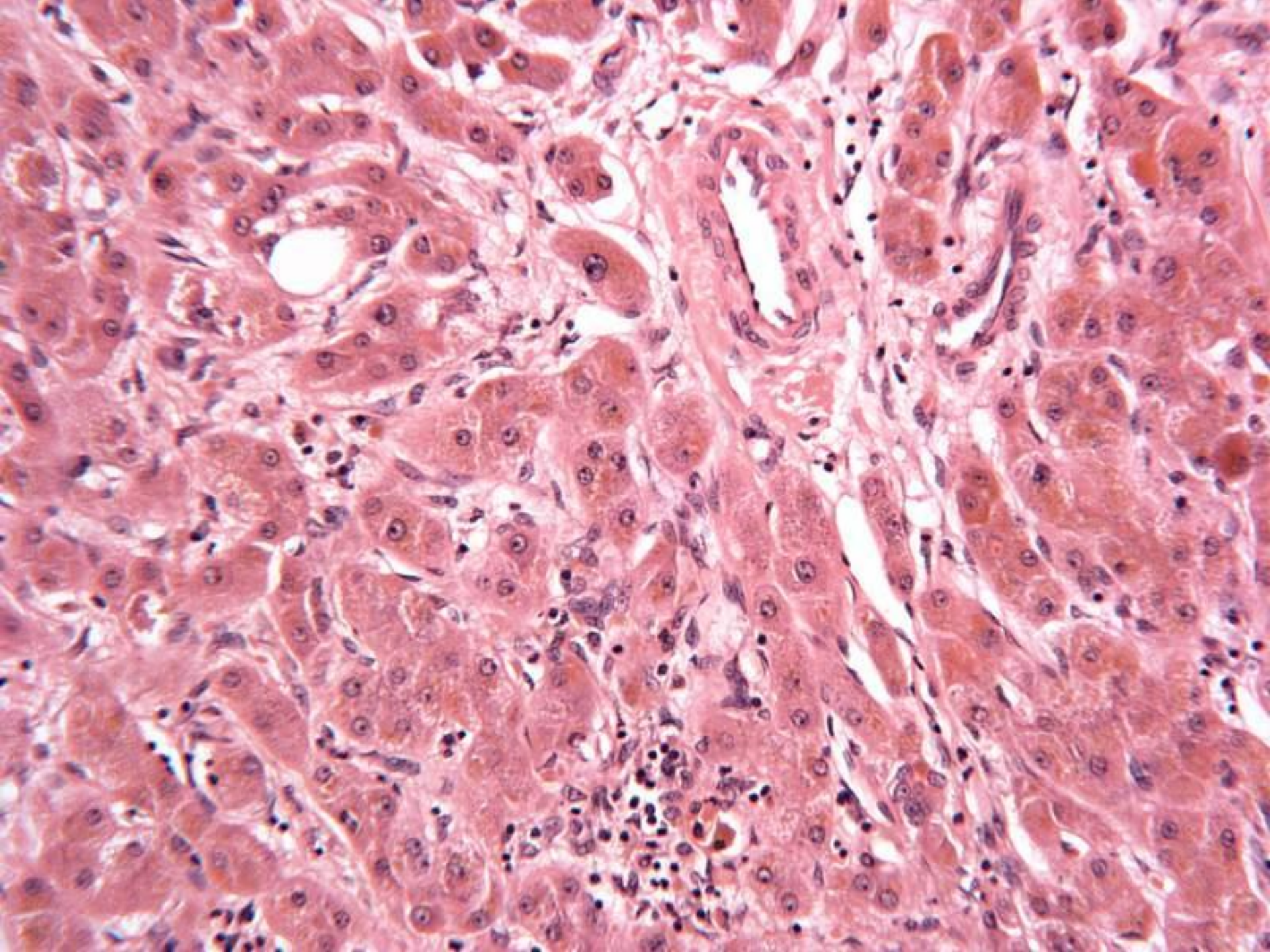


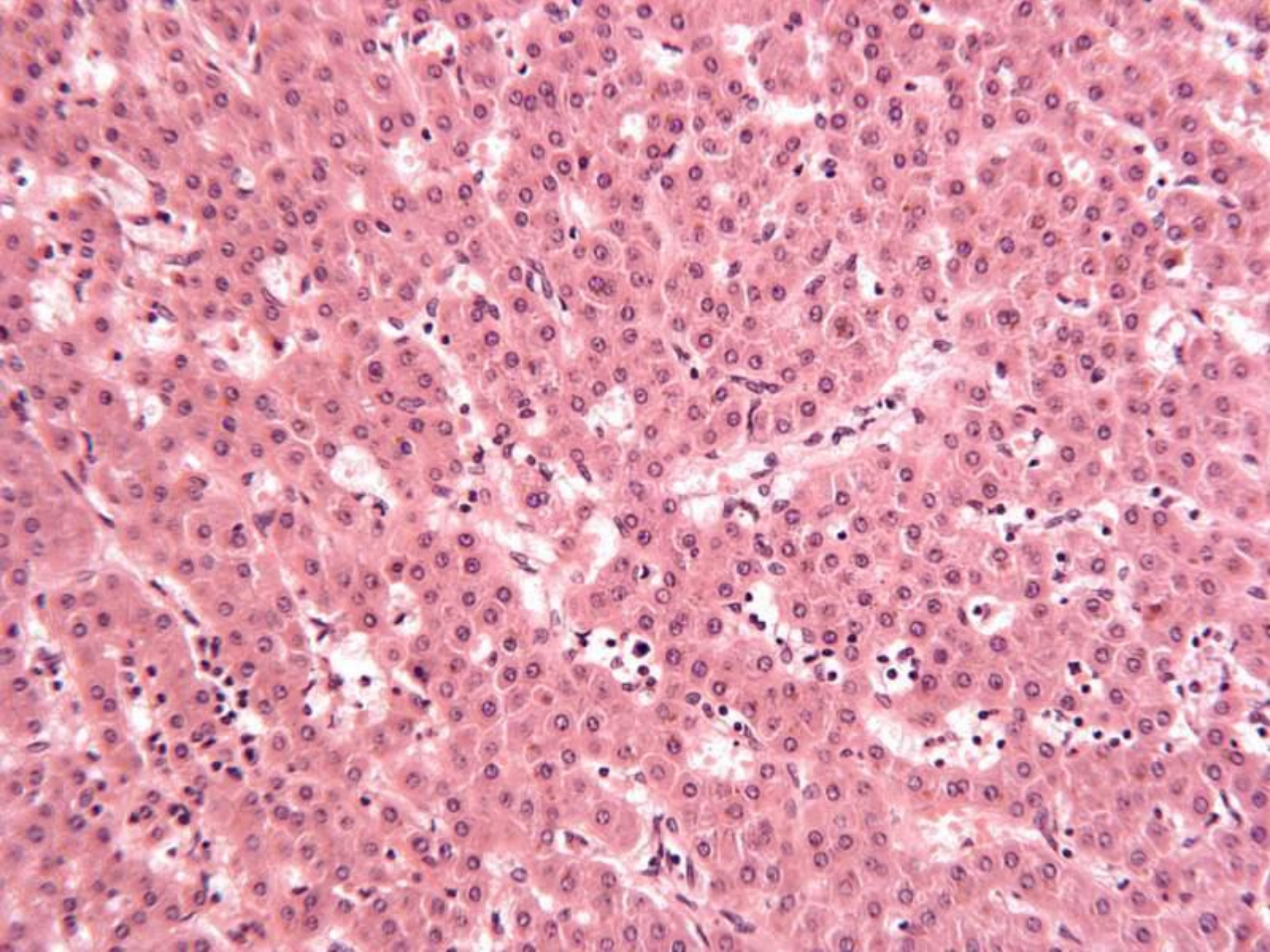












Case 203 Responses

Macroregenerative nodule (cirrhosis) – 23

FNH type nodule (cirrhosis) – 19

Adenomatous hyperplasia – 1

MRN/?dysplastic nodule – 1

Dysplastic nodule – 2

Differential diagnosis which includes HCC – 3

Cirrhosis with HCC – 2

Macronodular cirrhosis – 2

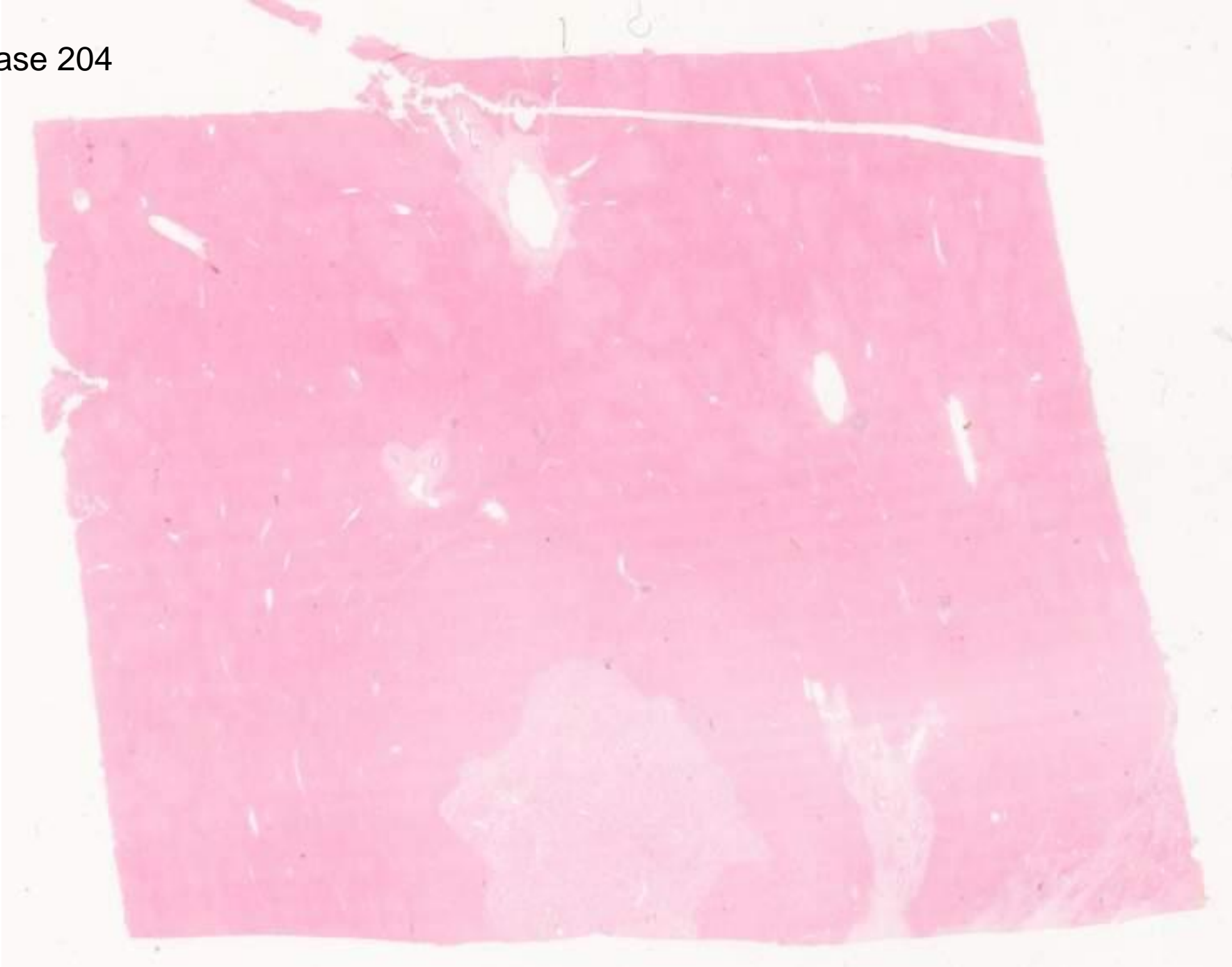
PBC – 1

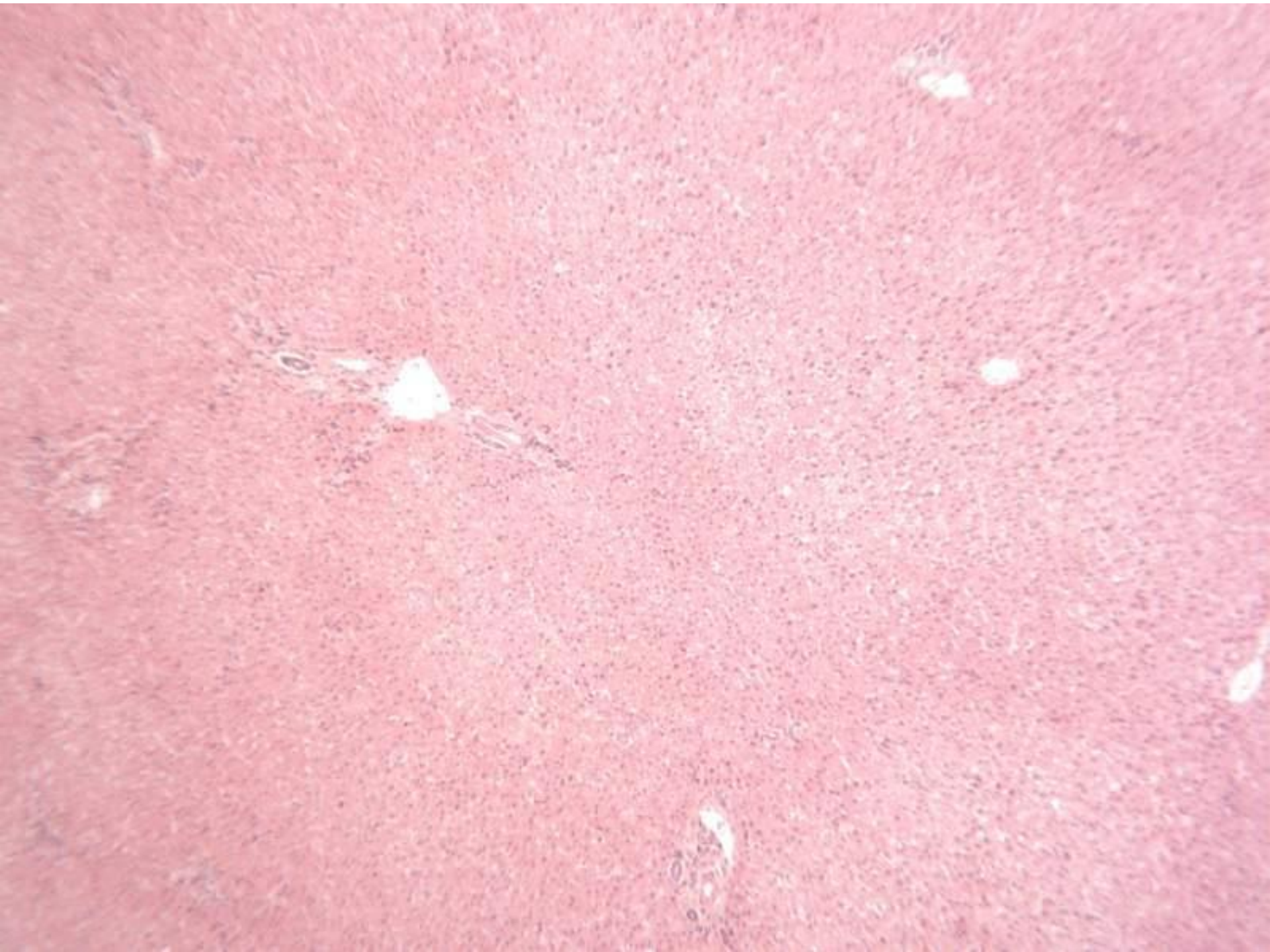
Cirrhosis with odd nodule, needs more work – 1

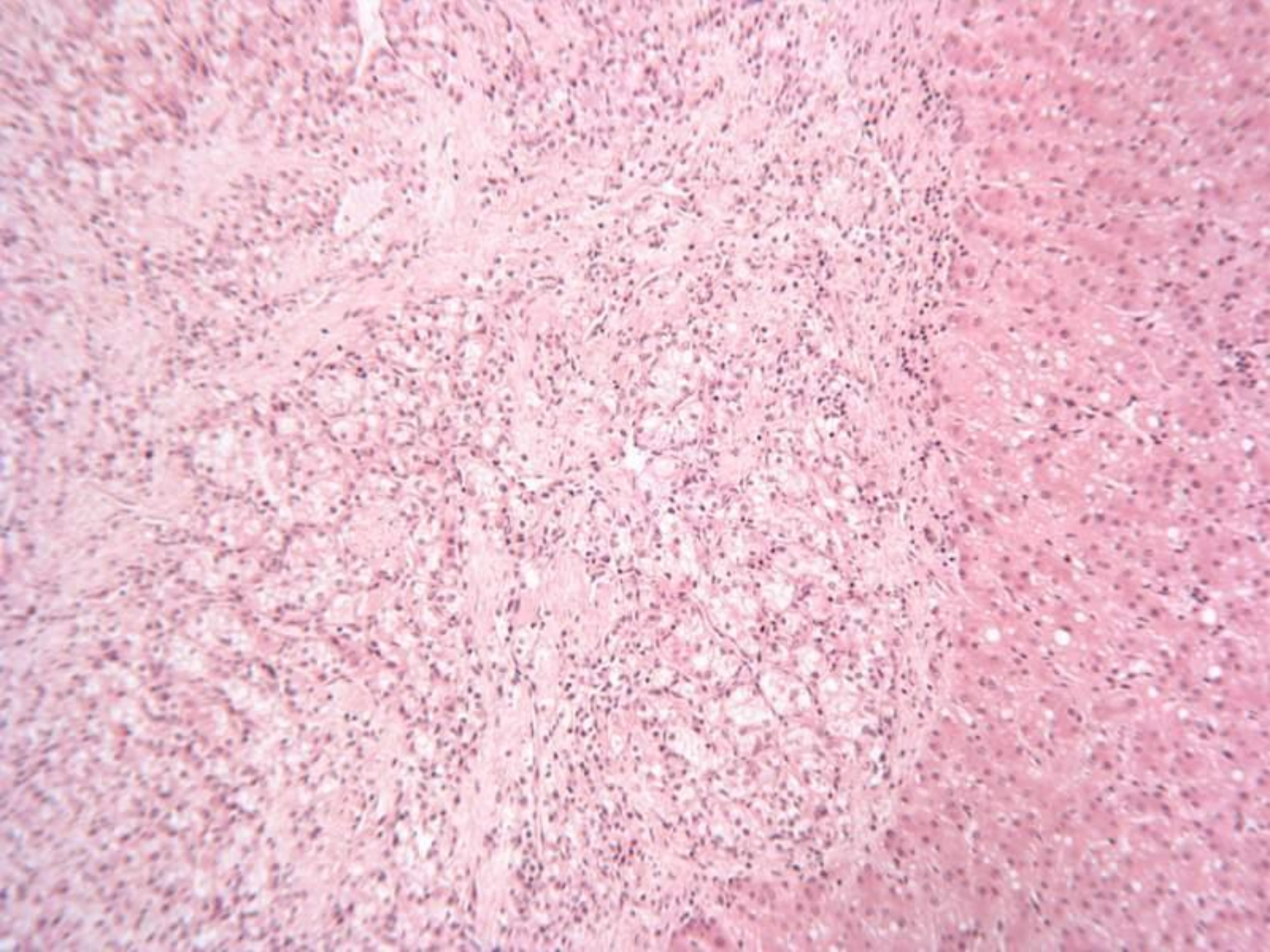
Case 204

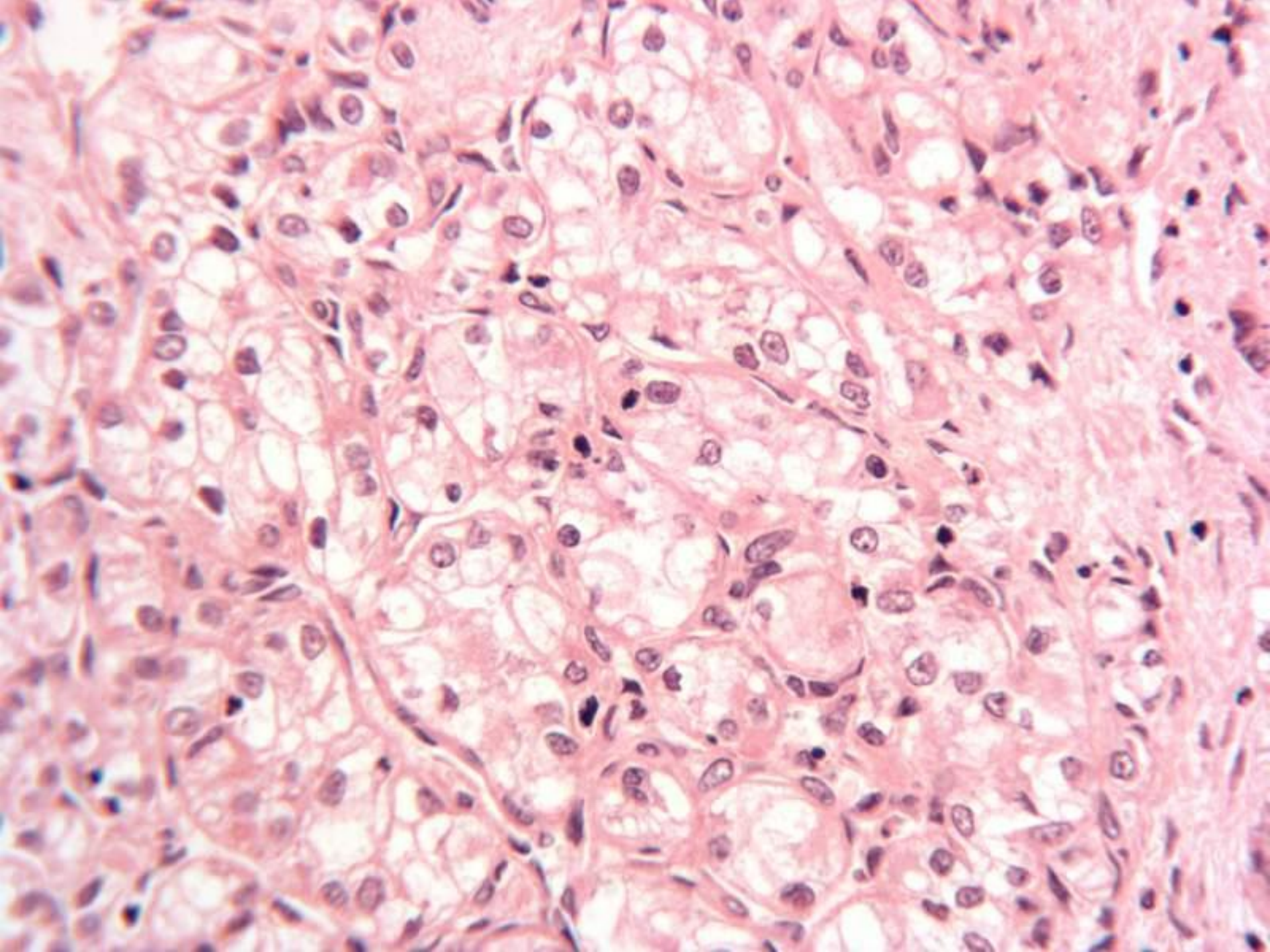
*Liver bed resection. Wedge resection of
Liver – a tan/yellow nodule measuring
9x7x7mm*

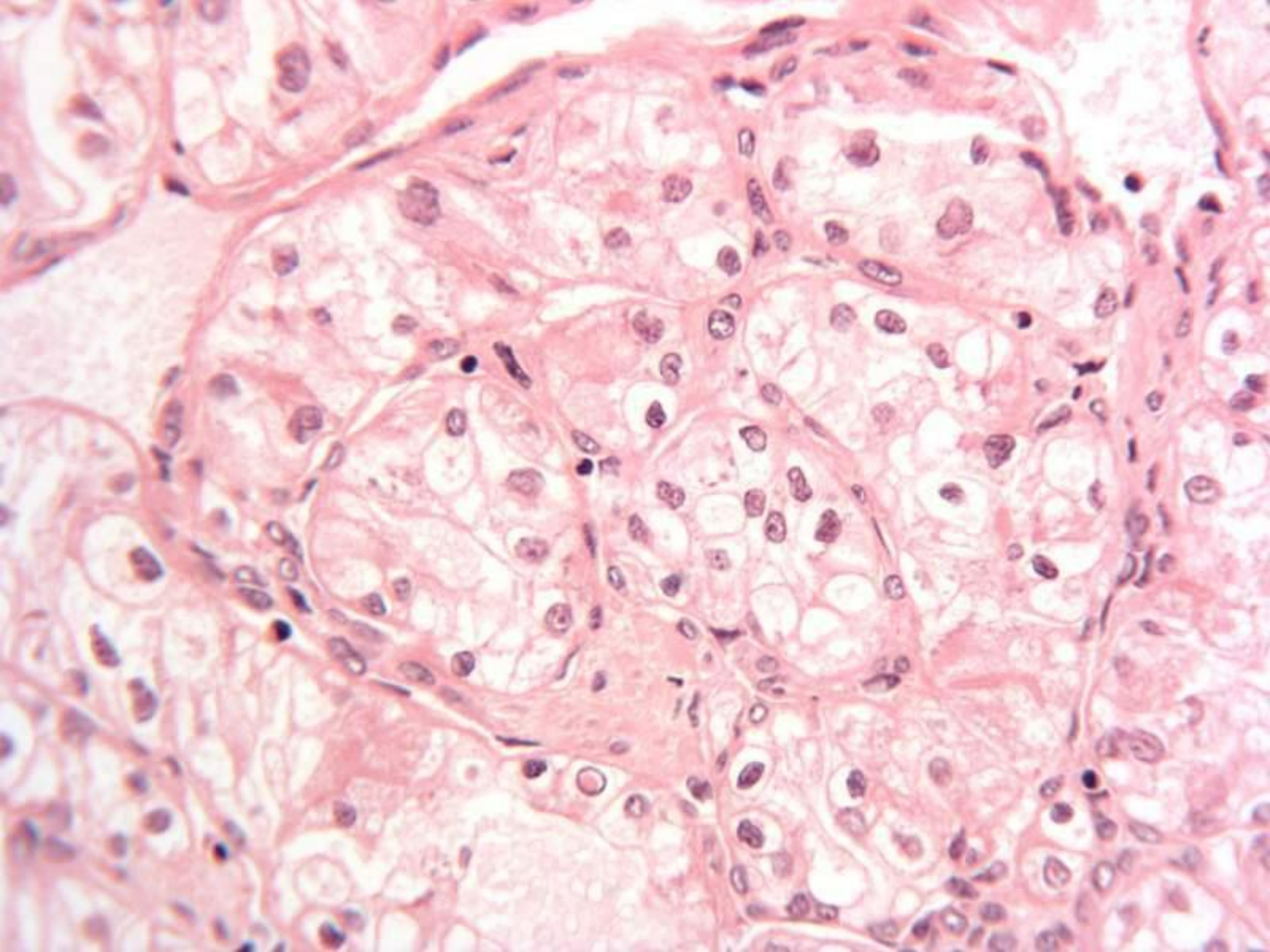
Case 204











Case 204 Responses

Clear cell tumour ?metastatic renal cell carcinoma – 35.5

Metastatic renal cell carcinoma; with incidental non-Hodgkin's lymphoma - 1

Clear cell adenocarcinoma NOS – 4

Clear cell neoplasm – 3

Clear cell HCC for immunos – 3

Probably HCC exclude renal cell carcinoma – 2

Angiomyolipoma - 4.5

Adrenal cortical rest-like tumour, clear cell/renal not mentioned – 1

Tumour nodule needs more work – 1

Diagnosis of submitting pathologist:

Metastatic renal cell carcinoma

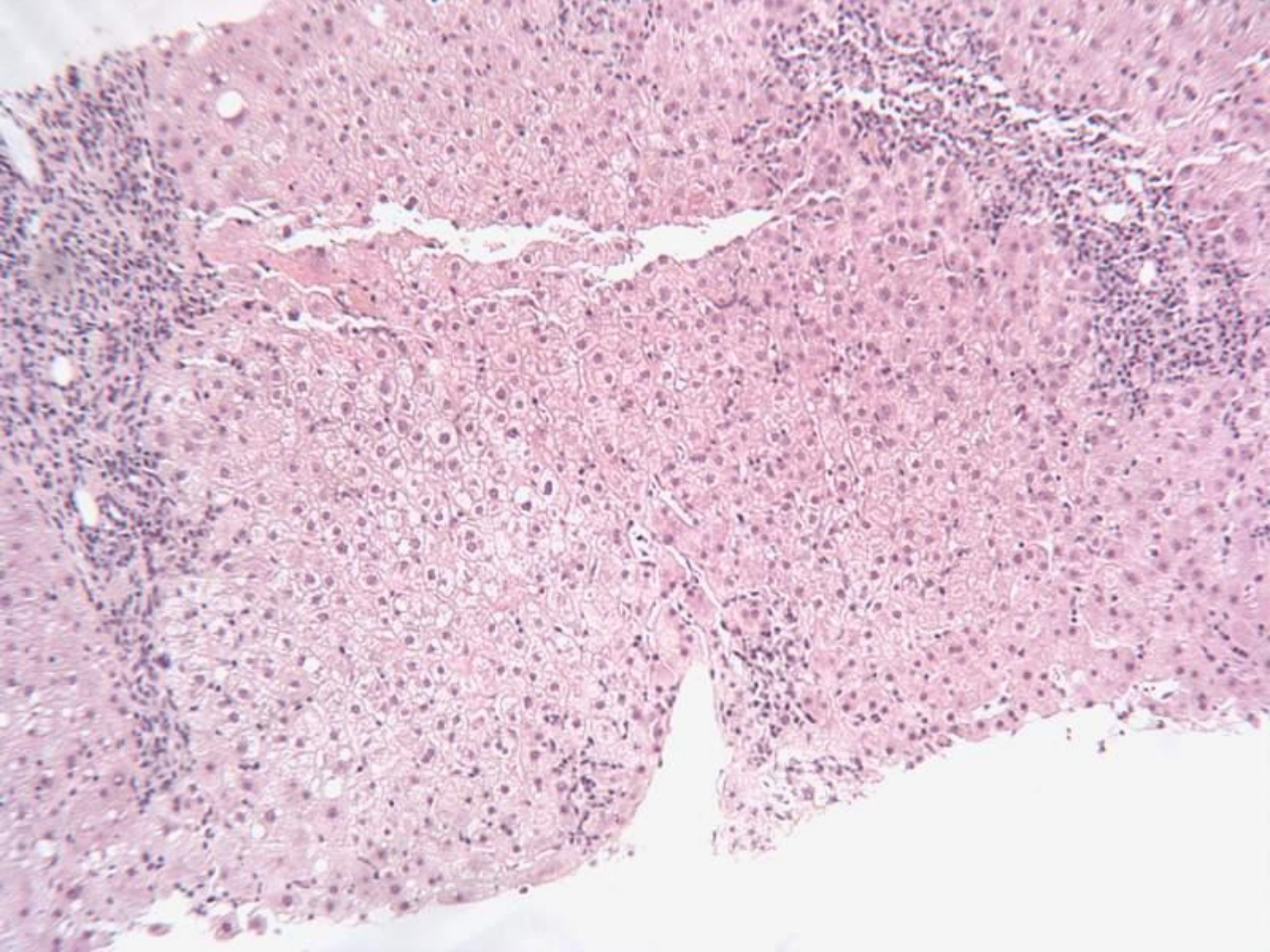
Case 205

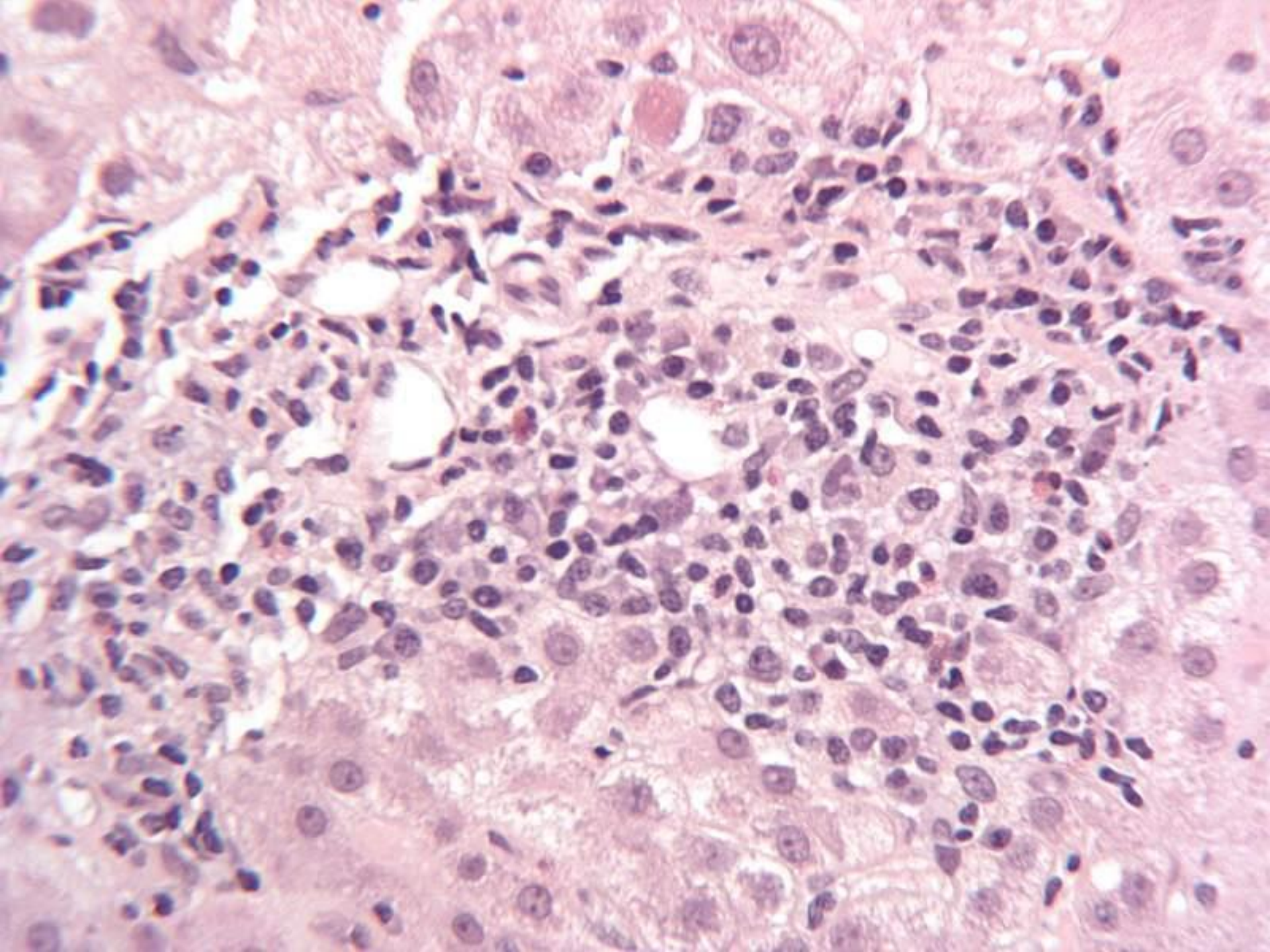
*F64 Liver biopsy. Coeliac disease and ?
(illegible) fibrosis.*

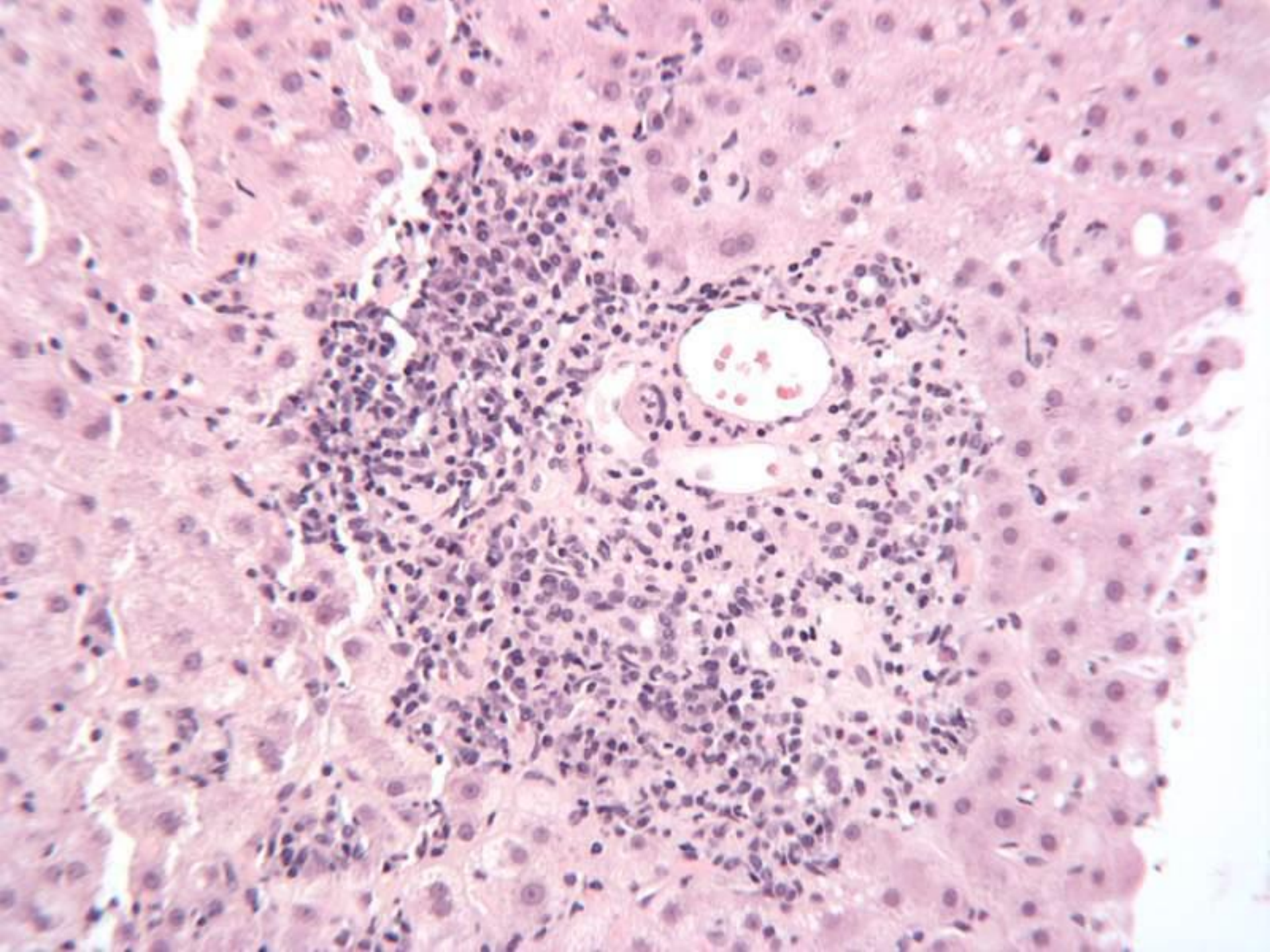
*Raised ALT, positive ANA, positive SMA,
raised IgG ? Autoimmune hepatitis.*

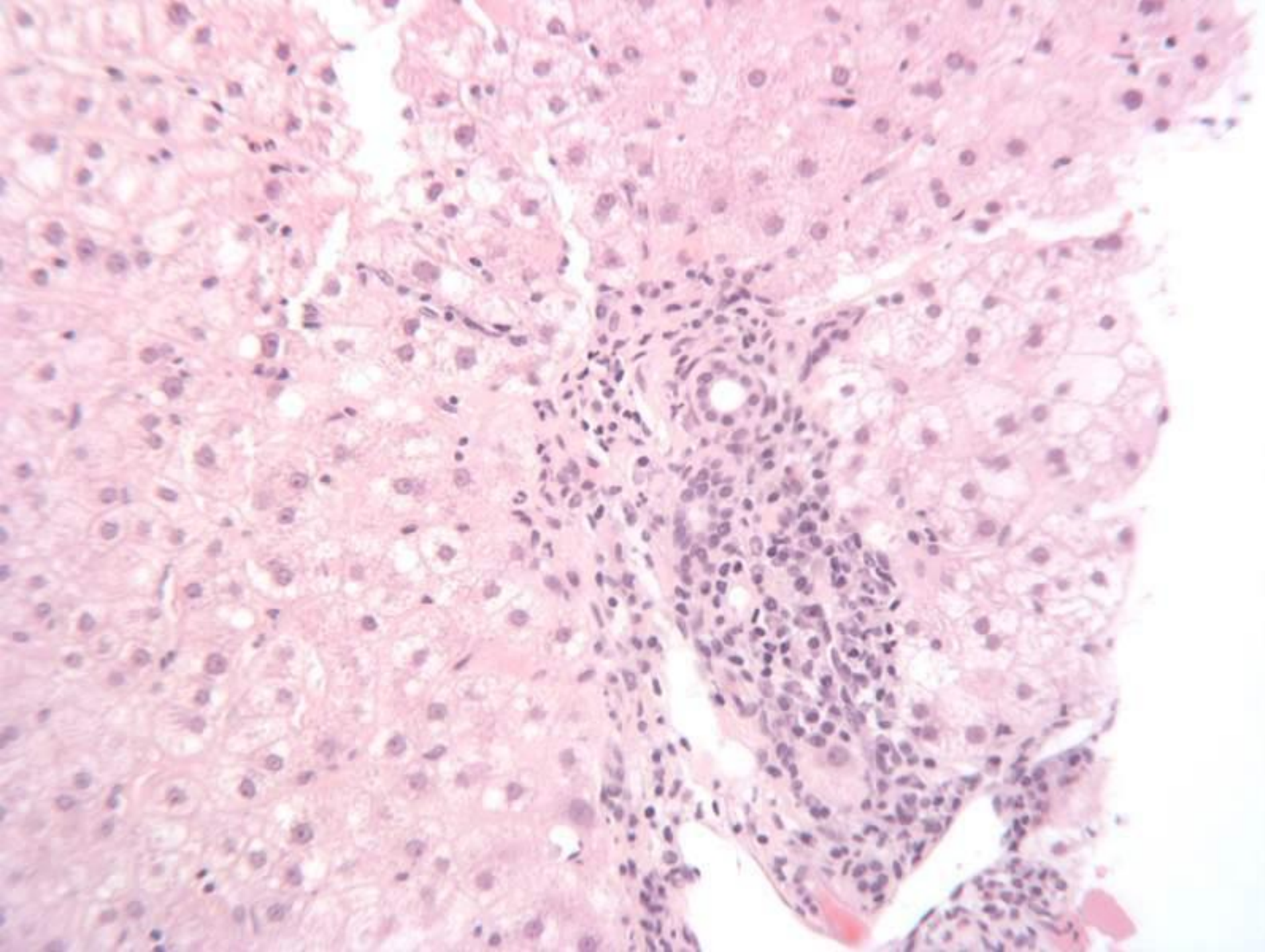
Case 205

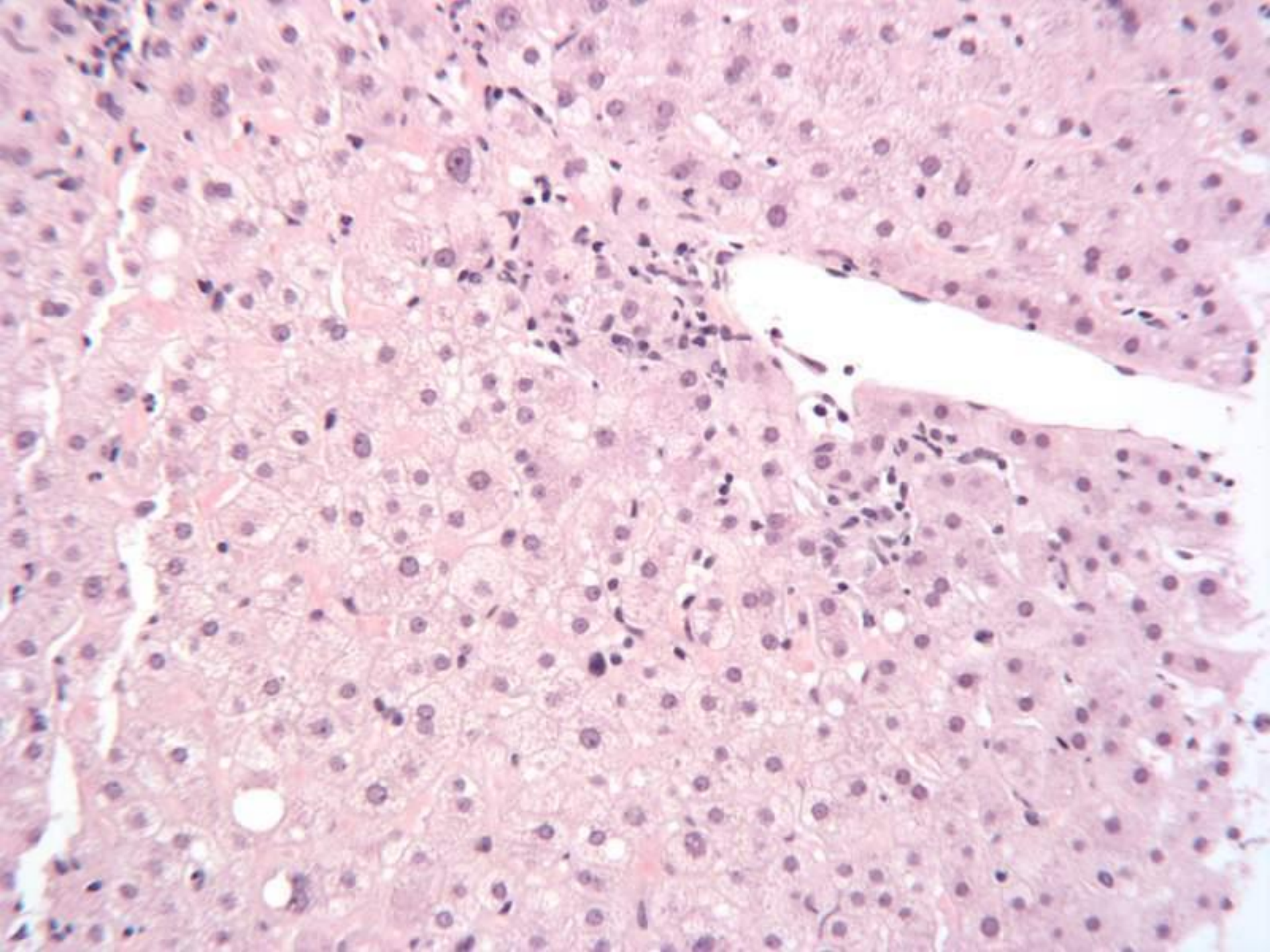












Case 205 Responses

Morphology

Chronic hepatitis ± stage / grade – 45

Chronic active hepatitis – 10

Aetiology

(most likely) autoimmune – 51

? overlap syndrome – 3

?viral ?IVDU ?drugs, autoimmune not mentioned – 1

Diagnosis of submitting pathologist:

Moderate to severely active chronic hepatitis consistent with an autoimmune aetiology (autoimmune chronic hepatitis)