中文題目：用細針抽吸切片診斷的原發性肝血管肉瘤- 一個罕見的個案報告

英文題目：A Primary Hepatic Angiosarcoma (HAS) Diagnosed by a Fine Needle Aspirational Biopsy - A Rare Care Report

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Introduction

Primary hepatic angiosarcoma (HAS) is a rare, aggressive tumor, accounting for 2% of all primary hepatic malignancies and carries a very poor prognosis. Open biopsy is the standard method for the diagnosis of HAS and traditional percutaneous liver biopsy should be avoided because of very high chances of bleeding. Herein we, present a rare HAS and make a literature review.

Case presentation

A 55-year-old man has had chronic kidney disease and gouty arthritis for years but denied of hepatitis B or C. He complained of general malaise and poor appetite for months and prominent body weight loss about 12Kg within 2 months. This time, he suffered from acute diffuse abdominal dull pain and went to our emergency department , where non-enhanced abdominal CT showed multiple tumors in the right hepatic lobe, suspect tumor rupture with hemoperitoneum. Furthermore, abdominal MRI revealed a huge mass in the right lobe of liver with high T2W S1 and DW1 and part of mass showed high T1W S1. Several liver nodules with similar character were noticed over both livers, compatible with liver tumor with hematoma and multiple metastasis; In addition, normal CEA and AFP level were noticed. Furthermore, ultrasonography-guided fine needle biopsy revealed blood and tumor tissue composed of hyperchromatic spindle cells surrounding blood spaces, and the immunohistochemical stains showed positive for Vimentin and CD34, CD31, Factors VIII but negative for cytokeratin (CK). Angiography also showed multiple hypervaccular tumors over both livers. Based on the above findings, a rare primary angiosarcoma was diagnosed.

Conclusion

Primary HAS is a rare, aggressive tumor; composed of spindle or pleomorphic cells. HAS occurs in association with known chemical carcinogens such as Vinyl chloride, but 75% of the tumors have no known etiology. Contrast enhanced computed tomography (CECT) is the reference technique were recommended for HAS. HAS is usually multicentric and involves both lobes grossly and it is composed of highly atypical, large, plump, pleomorphic sinusoidal endothelial cells with hyperchromatic nuclei microscopically. Definite diagnosis of HAS requires a specific endothelial markers such as CD31, CD 34 and factor VIII. Most of the studies recommend open biopsy for the diagnosis of HAS because of percutaneous liver biopsy had very high chances of bleeding. The clinical course of HAS is usually a rapid deterioration and carries very poor prognosis, without treatment, majority of patients die within 6 months of diagnosis, with treatment, only 3% of patients live more than 2 years and survival after liver transplant is less than 7 months.