

# Gastrointestinal and Liver Pathology at Rush

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## Case of the Month Question – July 2008

*Contributed by Drs. Dawn Bradly and Shriram Jakate*

A 41-year-old male presents with a 2-year history of recurrent episodes of right upper quadrant pain and low-grade fever, each episode lasting up to 10 days. He also experienced intermittent nausea and a 6.8-kg weight loss. An abdominal CT scan showed fatty liver infiltration and multiple small masses in both lobes of the liver. A follow-up CT one month later showed an increase in the size of the liver lesions, and the patient underwent an orthotopic liver transplantation as a result. The explanted liver showed multiple, pale, poorly circumscribed nodules scattered throughout both lobes and distributed both peripherally and centrally ranging from 0.4 to 6 cm in size. The peripheral nodules had prominent central umbilication on the capsular surface and the cut surface of the nodules was gray-white with a rim of hemorrhage (Fig. 1). The adjacent liver parenchyma was tan-brown and unremarkable. Microscopically, the nodules had large areas of central hyalinization (Fig. 2), myxoid change, and necrosis, and peripherally there were epithelium-like and spindle cells, some with channels that appeared vascular and occasional cytoplasmic lumina (Fig. 3).

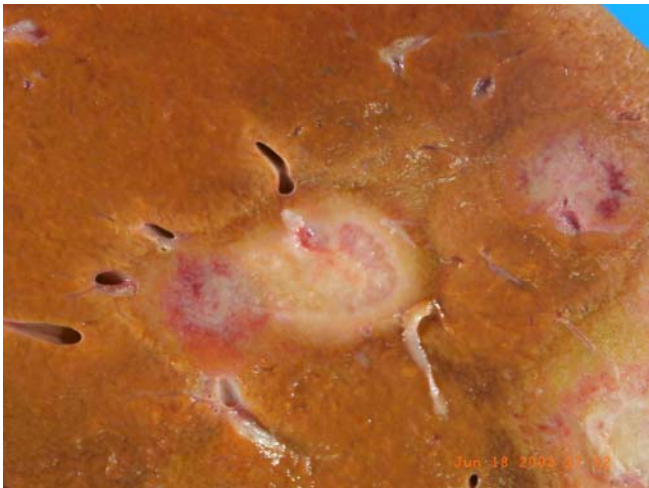


Figure 1

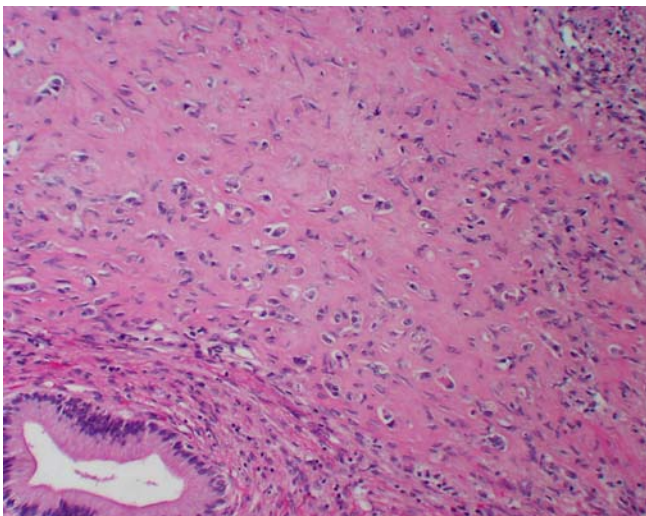


Figure 2

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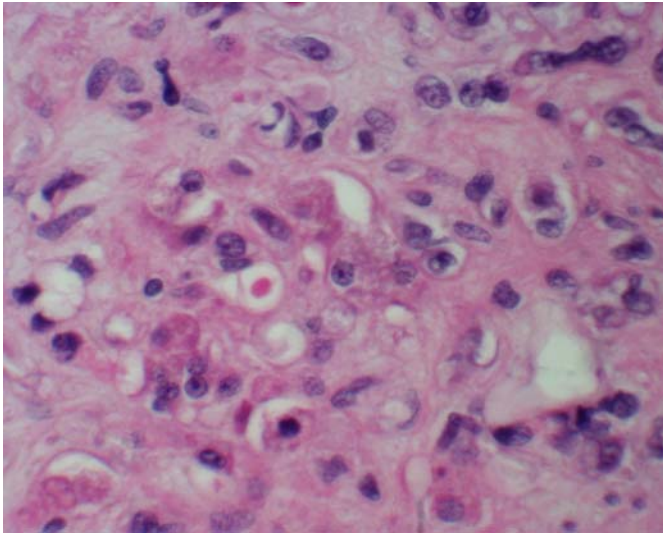


Figure 3