Received: 2 March 2021 | Revised: 26 April 2021 | Accepted: 28 April 2021

DOI: 10.1002/ccr3.4346

CLINICAL IMAGE

Clinical Case Reports Open Access WILEY

A rare cause of multiple liver masses

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Abstract

Primary hepatic mucosa-associated lymphoid tissue (MALT) lymphoma is a rare disease. However, if atypical hepatic masses are observed, hepatic MALT lymphoma should be considered in the differential.

KEYWORDS

liver, liver biopsy, lymphoma

1 | INTRODUCTION: A RARE CAUSE OF MULTIPLE LIVER MASSES

A 70-year-old woman visited to our hospital for diagnosis of multiple asymptomatic liver masses detected by abdominal ultrasound examination at her previous clinic. Contrast-enhanced CT revealed multiple poorly contrasted masses in both liver lobes (Figure 1A). Fluorodeoxyglucose positron emission tomography showed abnormal accumulation of liver masses (SUVmax: 7.8; Figure 1B). HBs antigen and HCV antibody were negative. However, soluble IL-2 receptor levels were elevated (1741 U/mL). The patient had no autoimmune diseases. Helicobacter pylori infection had been eradicated.

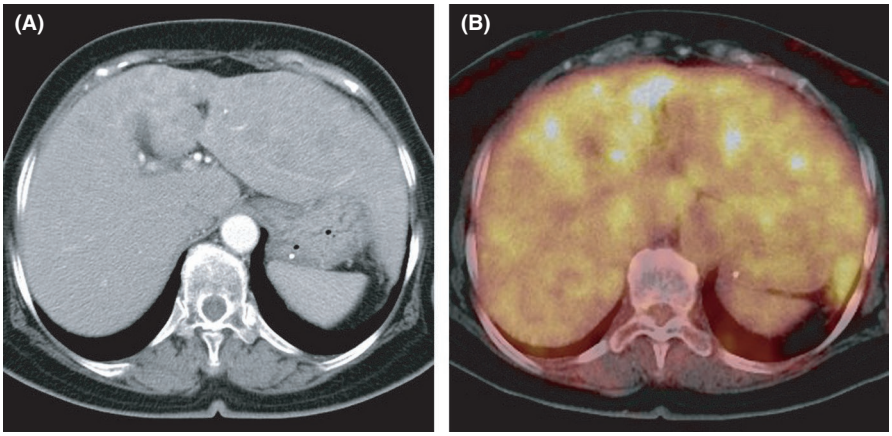

FIGURE 1 A, Multiple poorly contrasted masses in both lobes of the liver. B, An abnormally accumulation of liver masses (SUVmax: 7.8)

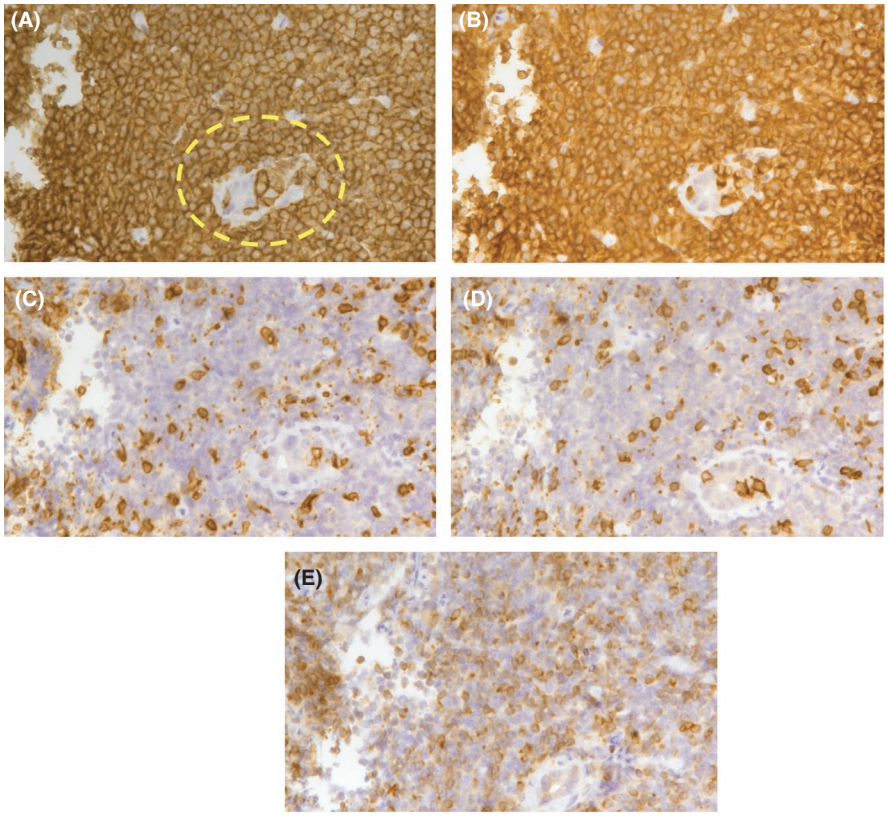

FIGURE 2 A, Lymphocytic tumor cells were positive for CD20 and lymphoepithelial lesion was formed by infiltration of tumor cells in the bile duct epithelium (circled in yellow). B, Lymphocytic tumor cells were positive for CD79a. C, Lymphocytic tumor cells were negative for CD3. D, Lymphocytic tumor cells were negative for CD5. E, Lymphocytic tumor cells were negative for BCL2

An ultrasonography-guided percutaneous fine needle aspiration of liver was performed. Histopathology revealed lymphocytic infiltration in periportal area. Immunohistochemical analysis revealed lymphocytic tumor cells positive for CD20 (Figure 2A) and CD79a (Figure 2B), and negative for CD3 (Figure 2C) and CD5 (Figure 2D) and BCL2 (Figure 2E). Lymphoepithelial lesions were formed by infiltration of tumor cells in the bile duct epithelium (Figure 2A). Therefore, the lesions were diagnosed as primary hepatic mucosa-associated lymphoid tissue (MALT) lymphoma. PET-CT, esophagogastroduodenoscopy, and colonoscopy revealed no other MALT lesions.

Primary hepatic MALT lymphoma was especially rare.[1] Differentiating it from hepatocellular carcinoma or metastatic liver cancer using imaging examinations alone is difficult.[2] Therefore, collective assessment, including radiographic images, biochemical tests, and histopathological findings from biopsy, is significant for the diagnosis of hepatic MALT lymphoma.

AUTHOR CONTRIBUTIONS

KM: participated in diagnosis and drafted this manuscript. TY and MO: supervised this manuscript. All authors read and approved the final manuscript.

CONFLICT OF INTEREST

None declared.

CONSENT STATEMENT

Published with written consent of the patient.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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How to cite this article: Mizukoshi K, Yoshikawa T, Ohana M. A rare cause of multiple liver masses. *Clin Case Rep*. 2021;9:e04346. https://doi.org/10.1002/ccr3.4346