

# Fibrolamellar Carcinoma in a young patient

Dr. Javier Lizardi Cervera<sup>1</sup>

## Abstract

**This is a twenty two years old male patient with weight loss, abdominal pain, hepatomegaly and elevated liver function tests. The serological markers for viral B, C hepatitis and tumoral markers were normal. The CT scan demonstrated a hipodense, nodular lesion in the liver and the histological examination was reported as a typical fibrolamellar hepatocarcinoma.**

**Key words: Hepatocellular carcinoma, fibrolamellar hepatocarcinoma.**

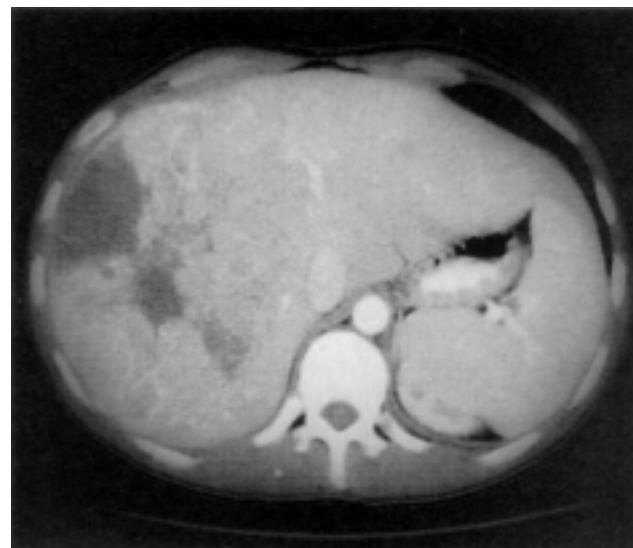
Twenty two years old male patient with history of smoking (7 pack/year) and alcohol consumption of 317 g per month since three years. He had a diagnosis of epilepsy treatment with carbamazepine and episode of pneumonia was diagnosed three years ago.

He was referred to the hospital for severe abdominal pain in the upper right quadrant three weeks before to the hospitalization with nocturnal sweating and weight loss of 10 kg in the last year. The last week he had nausea and gastrobiliary vomiting. At the physical examination he had a thin complexion and hepatomegaly 4-4-5- cm was found. The liver function tests were abnormal with AST 121 UI, ALT 111 UI, ALP 134 UI, albumin 2.9 mg/dL. The other biochemistry values were normal and the virological markers for hepatitis A, B and C and HIV were negative. The carcinoembryonic antigen and alpha pheto protein tumoral markers were in normal values. A CT scan was made (*Figure 1*) and a liver biopsy was reported as typical fibrolamellar hepatocarcinoma (*Figure 2*).

The fibrolamellar carcinoma represent 1%-2% of cases of hepatocellular carcinoma. Forty percent are young pa-

tients and the mean age of presentation is between 25 to 35 years. It is possible to observe a well defined nodule with a prominent center. Most cases are asymptomatic or abdominal pain, weight loss and jaundice could be present. The CT scan show a hipodense, heterogeneous nodular lesion with calcifications and with the administration of IV contrast media, the lesion could be observed larger. The nodular focal hyperplasia is the main differential diagnosis.

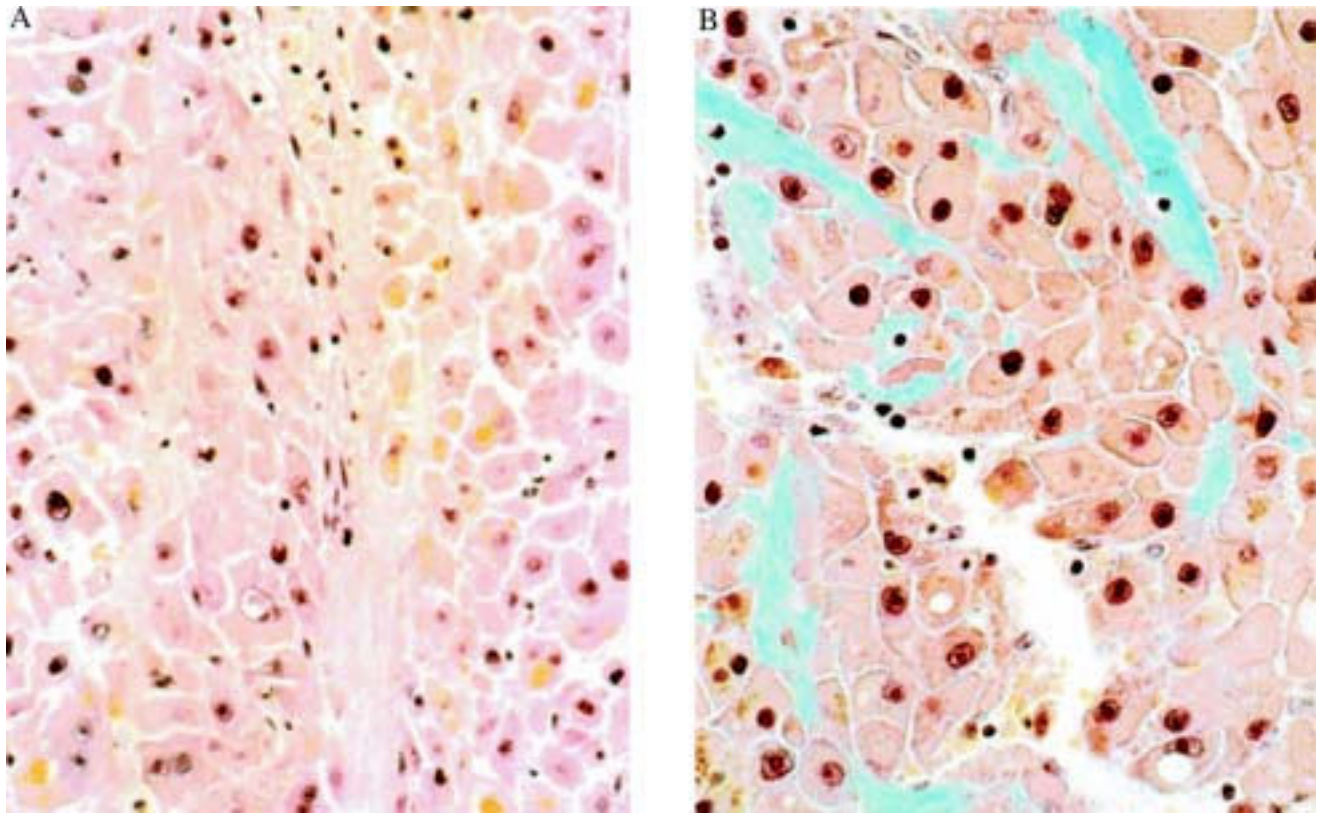
The liver biopsy establish the definitive diagnosis and it is possible to observe a trabecular cords, dense cells with a mix stroma of lamellar collagena. Eosnophilic inclusions of  $\alpha$ -1 antitrypsin or cytoplasic pseudoinclusions are observed by the histological examination. The fibrolamellar carcinoma has a better prognosis than hepatocarcinoma with a survival of 34% at 4 years of follow up and a survival of 63% if the tumor is complete resected. The recurrence rate of this tumor has been reported at 40 months in post liver transplant patients.



**Figure 1.** A CT scan of the liver show a nodular, hipodense and heterogeneous lesion in the right lobule.

<sup>1</sup> Gastroenterology Department.  
Médica Sur Hospital & Clinic Foundation  
México, DF

Address for correspondence:  
Javier Lizardi Cervera MD  
Subdirección Académica.  
Fundación Clínica Médica Sur.  
Tercer Piso de Hospitalización.  
Puente de Piedra No. 150 Col. Torriello Guerra CP 14050. Del. Tlalpan. México, D.F.  
E-mail: jlizardi@medicasur.org.mx



Figures 2A.

Figure 2B.

**Figure 2. A y B.** The figures show a typical fibrolamellar carcinoma. We observe a liver biopsy with trabecular cords, dense cells and mix stroma of lamellar collagen.

## References

1. Suárez Y. Hepatic malignancy. *Clin Liver Dis* 2000; 4(3): 591-605.
  2. Luque Vázquez. *Fibrolamellar Carcinoma*. Case Report. 2001; 21(2): 140-7.
-