

All that glitters is not gold

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Presentation

Education & Training

Hepatobiliary

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A 43-year-old woman with chronic diarrhea and amenorrhea was found to have a primary hepatic neuroendocrine tumor producing ACTH and causing ectopic Cushing syndrome, a very rare presentation initially misdiagnosed as benign liver pathology.

KEY POINTS

- Initial external imaging suggested the liver lesion was benign (adenoma or focal nodular hyperplasia), but contrast-enhanced ultrasound at the presenting hospital showed washout in the portal venous phase, indicating malignancy, as benign liver lesions do not show washout.
- The speaker stated that laboratory findings revealed very elevated ACTH and cortisol levels consistent with ectopic Cushing syndrome, and needle biopsy confirmed a neuroendocrine tumor.
- The speaker reported that extensive imaging including CT, MRI, and gallium dotatate PET-CT identified no other primary tumor site, and a small pancreatic lesion biopsied as normal tissue.
- Surgical resection via hemi-hepatectomy yielded final pathology of an approximately 11 cm G1 neuroendocrine tumor of the left hepatic lobe, establishing the diagnosis of a primary hepatic neuroendocrine tumor.
- The speaker emphasized that clinicians should always question allegedly benign liver lesions and diagnostics not personally reviewed, and should use multiple imaging modalities to leverage their different advantages.

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