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Summary

LIVER NODULE WORK-UP – ENEMIES HIDING IN THE TRENCHES

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Hepatobiliary

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A 61-year-old male with cirrhosis and metastatic neuroendocrine tumour presented with a liver nodule initially suspected to be hepatocellular carcinoma but ultimately diagnosed as diffuse large B-cell lymphoma after biopsy of associated adenopathy.

KEY POINTS

- A 23mm hypervascular liver nodule in a patient with alcohol-related cirrhosis (Child-Pugh B) and metastasized duodenal neuroendocrine tumour raised suspicion for hepatocellular carcinoma versus neuroendocrine tumour metastasis.
- PET scan revealed multiple hypermetabolic adenopathies in the upper abdomen and mediastinum, initially attributed to malignant involvement from the suspected hepatocellular carcinoma.
- Fine-needle aspiration via endoscopic ultrasound of a hepatic hilar adenopathy confirmed diffuse large B-cell lymphoma with high mitotic rate, leading to suspension of liver nodule work-up.
- The patient is receiving rituximab, cyclophosphamide, doxorubicin, vincristine and prednisone chemotherapy.
- The case illustrates the importance of maintaining broad differential diagnosis during liver nodule evaluation in high-risk hepatocellular carcinoma patients and notes that patients with neuroendocrine tumours have increased risk of other primary cancers (7.9% as presented).

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