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Summary

ADULT LANGERHANS CELL HISTIOCYTOSIS WITH UNCOMMON HEPATIC AND PULMONARY INVOLVEMENT

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UEG Week Copenhagen 2023 | Poster

Hepatobiliary

October 17, 2023

A 35-year-old male with recurrent abdominal pain, fever, and multifocal liver lesions received a delayed diagnosis of Langerhans cell histiocytosis after initial biopsy suggested parasitic infection or drug-induced liver injury and three months of persistent symptoms.

KEY POINTS

- Initial hepatic biopsy revealed epithelioid, non-necrotic, non-caseating granuloma with eosinophils suggestive of parasitic infection or drug-induced liver injury, with negative workup for autoimmune diseases, sarcoidosis, neuroendocrine tumors, and microbial pathogens.
- Three months after presentation, new-onset dyspnea prompted lung imaging that revealed bilateral thin-walled cystic lesions and small nodular opacities predominantly in the upper lobes.
- Repeated liver pathology examination positive for immunohistochemical CD1a and CD207 staining confirmed Langerhans cell histiocytosis, and the patient was referred to hematology for treatment.
- Hepatic involvement is a rare and under-recognized form of Langerhans cell histiocytosis, with liver biopsy including immunohistochemical staining with CD1a and Langerin as the cornerstone of diagnosis.
- This case illustrates that patients with hepatic Langerhans cell histiocytosis often receive delayed diagnosis and inappropriate treatment.

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