Indolent Intrahepatic Cholangiocarcinoma

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Clinical Image

A 58-year-old man, with hepatitis B virus-related cirrhosis, underwent magnetic resonance imaging (MRI) due to a >1 cm hypoechoic nodule identified during ultrasound surveillance. MRI demonstrated a 1.2 cm nodule suspected for intrahepatic cholangiocarcinoma (iCCA) (Figure 1). Laparoscopic hepatic resection was performed in a patient with good hepatic function (MELD 8, Platelet count 220×10^3/mmc, HVPG 6 mmHg and Fibroscan 6 kPa). At histology, the nodule was constituted of a ductal (pseudoglandular) proliferation, non-capsulated but with regular margins (image 10x, b) (Figure 2). Tumor cells showed mild cytological atypia and rare mitotic figures (image 20x, c), albeit the proliferative index (Ki67 immunohistochemistry, image 20x, c') was increased (Figure 3). A diagnosis of well-differentiated iCCA (grade 1 according to WHO) was made. A retrospective reevaluation of an MRI performed more than 6 years before showed that the lesion was present and had a maximum diameter of 5 mm (d) (Figure 4). This is the proven evidence of a very early iCCA with an indolent natural history.

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Figure 3: Tumor cells showed mild cytological atypia and rare mitotic figures.

Figure 4: A retrospective reevaluation of an MRI performed more than 6 years before showed that the lesion was present and had a maximum diameter of 5 mm.