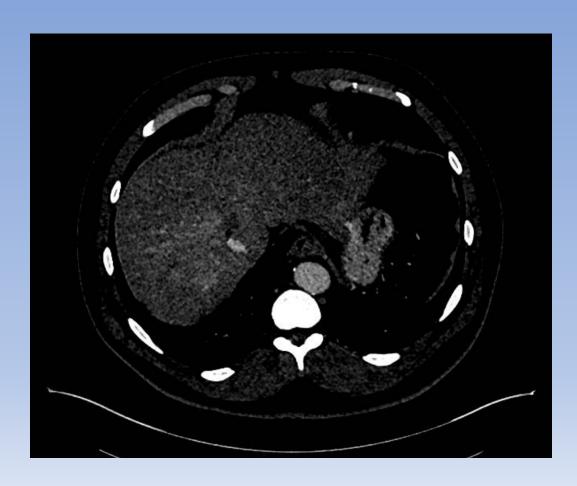
Rad-Path Case Presentation

James McParland 9/19/2019

Case: 62 year old male

- History notable for hemochromatosis, diagnosed at age 50
 - Ferritin >10000 at that time, staging biopsy?
 - No mention of cirrhosis in history
- Surgical history includes splenectomy and urgent AAA repair following rupture 2 years ago
- Presented to transplant clinic for evaluation of liver transplant after
 5cm liver lesion discovered on follow-up US screening of aorta and confirmed via MRI at outside facility
- Referred to clinic for focal and non-focal liver biopsy

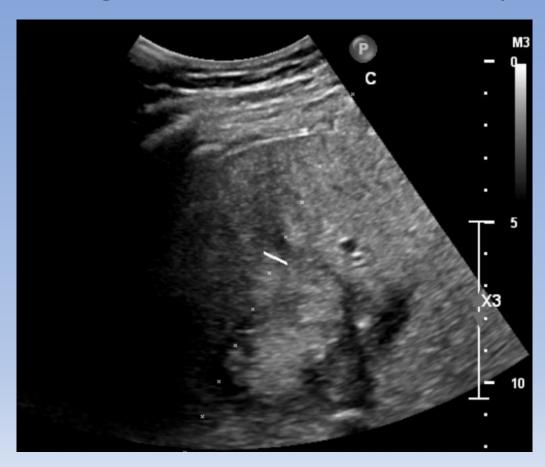
Liver mass redemonstrated on CTA



Biopsy approach

- Ultrasound chosen
 - Mass initially visualized on ultrasound, should not need CT to visualize
 - Safe and effective way to perform liver biopsy

Ultrasound guided focal liver biopsy

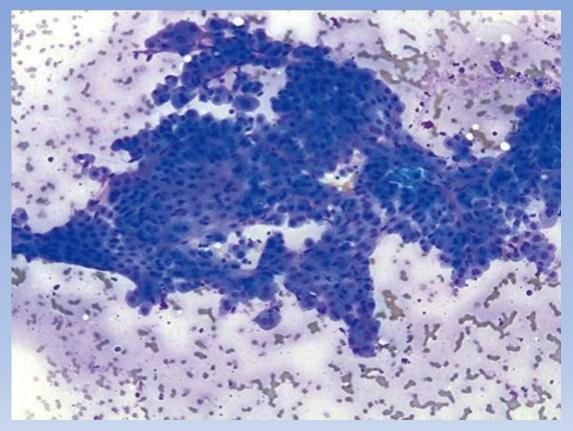


Samples collected and stains used

- FNA
 - Diff-Quick stain used to confirm correct sample location in real time
 - Pap stain performed later for greater nuclear detail visualization
- Core biopsy
 - H+E stain for examination of architecture of core biopsy

FNA, Diff-Quick stain

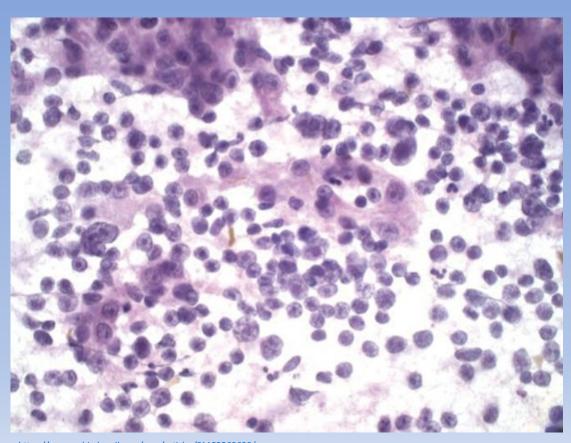
- Thick cords of cells
- Endothelial cells
 wrap around the
 groups of abnormal
 cells
- Large nuclei, nuclear variability
- Features of HCC



https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3562628/

FNA, Pap stain

- Large nuclei with nucleoli visible
- Nuclear variability
- Features of HCC

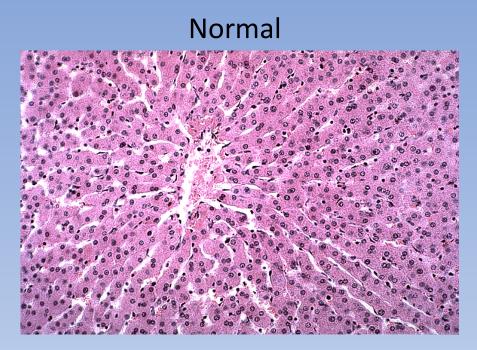


https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3562628/

Core biopsy, H&E stain

HCC

https://webpath.med.utah.edu/LIVEHTML/LIVER030.html



http://www1.udel.edu/biology/Wags/histopage/colorpage/clg/clglscv.GIF

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