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Hepatic focal lesions and constitutional syndrome, is it always cancer?

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Dear Editor,

Hepatic focal lesions are a heterogeneous group of lesions that can be either benign or malignant in nature. They are typically diagnosed through ultrasound in all cases needing to rule out a metastatic nature. We present the case of a 51-year-old male from Morocco diagnosed with hepatic focal lesions in the context of abdominal pain and constitutional syndrome.

CLINICAL CASE:

A 51-year-old male patient from Morocco without a personal history or toxic habits, presented with a three-month history of pain in the right hypochondrium and constitutional syndrome. Analytically, dissociated cholestasis, mild protein-calorie malnutrition, and elevated Ca 19.9 were noted. Abdominal CT revealed at least three hepatic focal lesions in segments V, VI, and VIII suggestive of a metastatic origin. Primary origin was ruled out (endoscopic studies, bone scintigraphy, and chest CT). The liver biopsy revealed extensive necrosis and an inflammatory infiltrate composed of

lymphocytes and plasma cells, without evidence of malignancy. The second biopsy showed necrotizing granulomas, with negative Ziehl-Neelsen histochemical study. Screening for other possible infections yielded positive serology for Treponema pallidum, although this origin was deemed unlikely. Interferon-gamma release assay (IGRA) was requested, and empirical treatment with antitubercular drugs was initiated, showing a good response. Eventually, the IGRA was positive, and rapid plasma reagin (RPR) was negative, ruling out syphilis and confirming the diagnosis of extrapulmonary tuberculosis affecting the liver. The patient completed a course of antitubercular treatment and is currently asymptomatic with radiological resolution of the granulomas.

DISCUSSION:

Granulomas are circumscribed lesions composed of mononuclear cells appearing in response to antigenic stimulation. Hepatic granulomas can have autoimmune, infectious, or neoplastic origins. The most common cause is primary biliary cholangitis, followed by sarcoidosis, and thirdly, infectious etiology[1].

The course is usually indolent. In developing countries, the most common cause is tuberculosis presenting with fever, weight loss, and asthenia. It can affect any organ even though pulmonary involvement is the most common form. Hepatic tuberculosis has four different forms of presentation: tuberculoma, tuberculous abscesses, tuberculous cholangitis, and tuberculous granulomatous hepatitis[2]. Mycobacterium tuberculosis is characterized by a granuloma with a center of macrophages and neutrophils, surrounded by a ring of B and T lymphocytes[3,4]. In the study of Wenting Jin et al5, they analyzed abdominal tuberculosis (TB). They included 70 patients diagnosed with abdominal TB and classified them as peritoneal TB, lymph node TB, gastrointestinal TB, visceral TB or mixed TB. The results were the 25.7 % were diagnosed with peritoneal TB, 12.9 % with lymph node TB, 7.1 % with gastrointestinal TB, 2.9 % with visceral TB and 51.4 % with mixed TB. Hepatic TB is included in visceral TB which was only the 2.9% of patients. The importance of our case lies in the fact that initial liver involvement is very uncommon, emphasizing

the importance of early diagnosis and treatment to prevent liver failure.

REFERENCES:

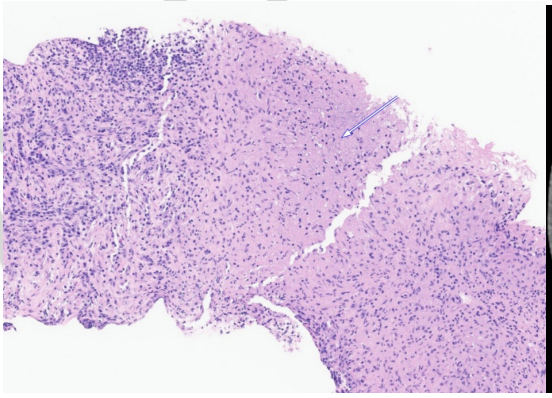
1. Lagana SM, Moreira RK, Lefkowitch JH. Hepatic granulomas: pathogenesis and differential diagnosis. Clin Liver Dis 2010; 14:605. DOI: 10.1016/j.cld.2010.07.005.

2. García D, Acosta Y, Bandera O, et al. Hepatitis granulomatosa en paciente con tuberculosis miliar: presentación de un caso. Rev. Med. Electrón. 2014; 36(1): 75-84.

3. Scriba TJ, Coussens AK, Fletcher HA. Human immunology of tuberculosis. Microbiol Spectr. 2016;4. DOI: 10.1128/microbiolspec.TBTB2-0016-2016.

4. Drebber U, Kasper HU, Ratering J, et al. Hepatic granulomas: histological and molecular pathological approach to differential diagnosis--a study of 442 cases. Liver Int 2008; 28:828. DOI: 10.1111/j.1478-3231.2008.01695.x

5. Wenting J, Yuyan M, Qingfeng S, et al. Clinical features and diagnostic approaches for abdominal tuberculosis: five-year experience from a non-tuberculosis-designated hospital in China. Rev Esp Enferm Dig. 2022 Aug;114(8):461-467. doi: 10.17235/reed.2021.8022/2021. PMID: 34886676.



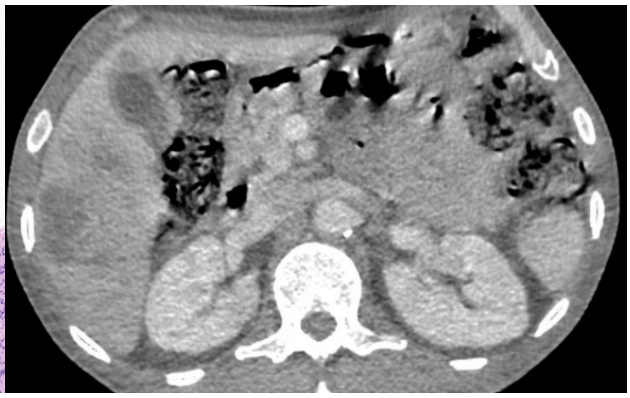


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Figure 1: The photo on the left is a histological section in which a lymphocytic and histiocytic infiltrate is observed, forming a necrotizing granuloma. On the right is a CT scan section showing three hepatic focal lesions.