REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

Title:
A solitary fibrous tumor: an entity to consider in the diagnosis of liver masses

Authors:
Irene Andaluz García, Mariana Tavecchia, Antonio Olveira Martín

DOI: 10.17235/reed.2019.6433/2019
Link: PubMed (Epub ahead of print)

Please cite this article as:
Andaluz García Irene, Tavecchia Mariana, Olveira Martín Antonio . A solitary fibrous tumor: an entity to consider in the diagnosis of liver masses. Rev Esp Enferm Dig 2019. doi: 10.17235/reed.2019.6433/2019.

REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

CC 6433

A solitary fibrous tumor: an entity to consider in the diagnosis of liver masses

Irene Andaluz García, Mariana Tavecchia and Antonio Olveira Martín

Department of Gastroenterology. Hospital Universitario La Paz. Madrid, Spain

Correspondence: Irene Andaluz García
e-mail: irene.an.gar@gmail.com

Key words: Hepatic parenchyma. Solitary fibrous tumor.

Dear Editor,

A 56-year-old female with no previous medical history was admitted to hospital due to abdominal tenderness and a palpable mass with a completely normal analysis. A well-defined hyper-echogenic lesion of 11 x 9 x 4 cm was identified by abdominal ultrasound in the left hepatic lobe in the confluence between the cava and the left and median hepatic veins, with multiple anechogenic and nodular areas and a thick septa inside (Fig. 1). After contrast administration, the lesion had a nonspecific pattern with hypercaptation of the septa and nodular areas with hypocaptation of the anechogenic areas in the arterial phase with progressive washout in the portal/late phase. An ultrasound guided fine needle aspiration (US-guided-FNA) did not show malignancy. The case was presented to a multidisciplinary committee after an abdominal computed tomography (CT) ruled out disease beyond the hepatic parenchyma and compressive symptoms were taken into account. Finally, surgical resection of the lesion was proposed. The anatomopathological study of the lesion showed a solitary fibrous tumor (SFT) that depended on the hepatic capsule, with no signs of malignant transformation.

Discussion

SFT is an infrequent mesenchymal neoplasm, which is more prevalent in middle-aged women (2:1). Isolated cases in the liver parenchyma have been reported in the literature (1) and none were diagnosed by contrast ultrasound. Despite its low incidence, it should be considered in the differential diagnosis of hepatic masses, as they behave as large, well-defined and heterogeneous single lesions in most cases, especially in the right hepatic lobe (2). Typical radiological features are not always present and laboratory tests are usually not altered, including tumor markers, except in some cases where it may cause hypoglycemia (due to IGF-2 production). The diagnostic certainty is provided by anatomopathological and immunohistochemical studies: immunoreactivity for CD34, vimentin and bcl-2, without the expression of cytokeratins or S-100 (3). Although most are benign tumors with a progressive growth, the treatment of choice is a surgical resection with free-margins. This in turn is the most important prognostic factor, along with pathological findings and tumor size.

References

1. Bejarano González N, García Borobia FJ, Romaguera-Monzonís A, et al. Tumor fibroso solitario hepático. Descripción de un caso y revisión de la literatura. Rev Esp Enferm Dig 2015;107:633-9.

2. Taboada Rodríguez V, Zueco Zueco C, Sobrido Sanpedro C, et al. Tumor fibroso solitario hepático. Hallazgos radiológicos y revisión de la bibliografía. Radiología 2010;52:67-70. DOI: 10.1016/j.rx.2009.09.008

3. Moran C, Ishak KG, Goodman ZD. Solitary fibrous tumor of the liver: a clinicopathologic and immunohistochemical study of nine cases. Ann Diagn Pathol 1998;2:19-24. DOI: 10.1016/S1092-9134(98)80031-2

REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

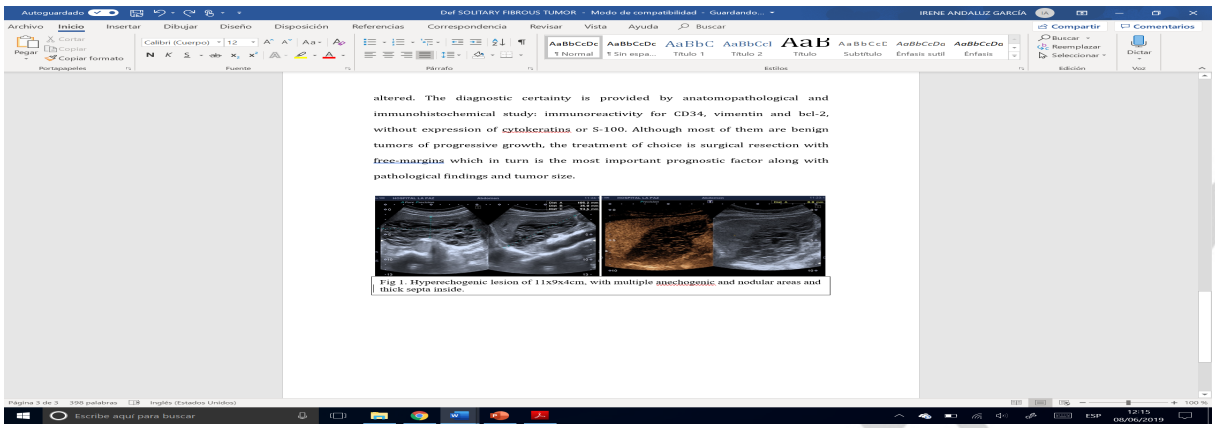

Fig. 1. A hyper-echogenic lesion of 11 x 9 x 4 cm, with multiple anechogenic and nodular areas and a thick septa inside.