Dear Editor,

Hepatic reactive lymphoid hyperplasia is an uncommon lesion (1). We present the case of a 58-year-old patient with a liver nodule incidentally found by abdominal ultrasonography (US). Liver function, tumor markers, viral serology and immunology were normal. Magnetic resonance imaging (MRI) showed a 16 mm nodule in segment VI-VII, with hypervascular enhancement in the arterial phase, wash-out in late phases, without contrast-retention in the hepatobiliary phase and restriction on diffusion-weighted imaging, suggestive of hepatocellular carcinoma (HCC) (Fig. 1A). Biopsy was not possible because the location was percutaneously unapproachable. Laparoscopic resection was performed with a favorable postoperative outcome. The histopathological study revealed a lymphoid lesion compatible with HRLH. There was no recurrence after one-year follow-up.
Discussion
HRLH is a rare entity with only 100 cases published to date. It typically presents incidentally in middle-aged females, as small lesions located in the right liver (2). It is usually associated with underlying liver and autoimmune diseases. Preoperative diagnosis is complex and is difficult to differentiate from malignant lesions, mainly HCC, because they share radiological characteristics on CT and MRI (3). Contrast enhanced ultrasound (CEUS) displays a characteristic pattern, with quick uptake in the arterial phase, quick washout and peripheral-halo enhancement after complete removal of the contrast (4). A biopsy is useful to obtain a definitive diagnosis, thus avoiding surgical treatment (2). However, a confirmatory diagnosis, as occurred in our patient, is often reached only after surgical resection.

Histopathologically, it is characterized by proliferation of non-neoplastic polyclonal lymphocytes forming follicles with a reactive germinal center (Fig. 1B). In molecular studies, expression of bcl2 is negative, as well as clonal rearrangement for IgH, TCR-β or TCR-γ (2). The course is benign, non-recurrent, with only one reported case of malignant transformation into lymphoma (5).

In conclusion, despite its infrequency, HRLH should be included in the differential diagnosis of HCC. CEUS and biopsy are useful tools for diagnosis, although usually only surgical resection will achieve a definitive diagnostic confirmation.

References
2. Zen Y, Fujii T, Nakanuma Y. Hepatic pseudolymphoma: a clinicopathological study of five cases and review of the literature. Mod Pathol 2010;23(2):244-50. DOI: 10.1038/modpathol.2009.165

Fig. 1. A. Axial MRI image. A hypointense nodule with hypervascular enhancement in the arterial phase, showing a pseudocapsule. B. Microscopic image of the histopathological study (hematoxylin-eosin [4X]) shows liver parenchyma with lymphocytes forming follicles with a reactive germinal center, which extends to peripheral portal spaces, without a lymphoepithelial lesion.