6

L2025-6

Hana Faistová

70letý ♂ s nechutenstvím a obstipací

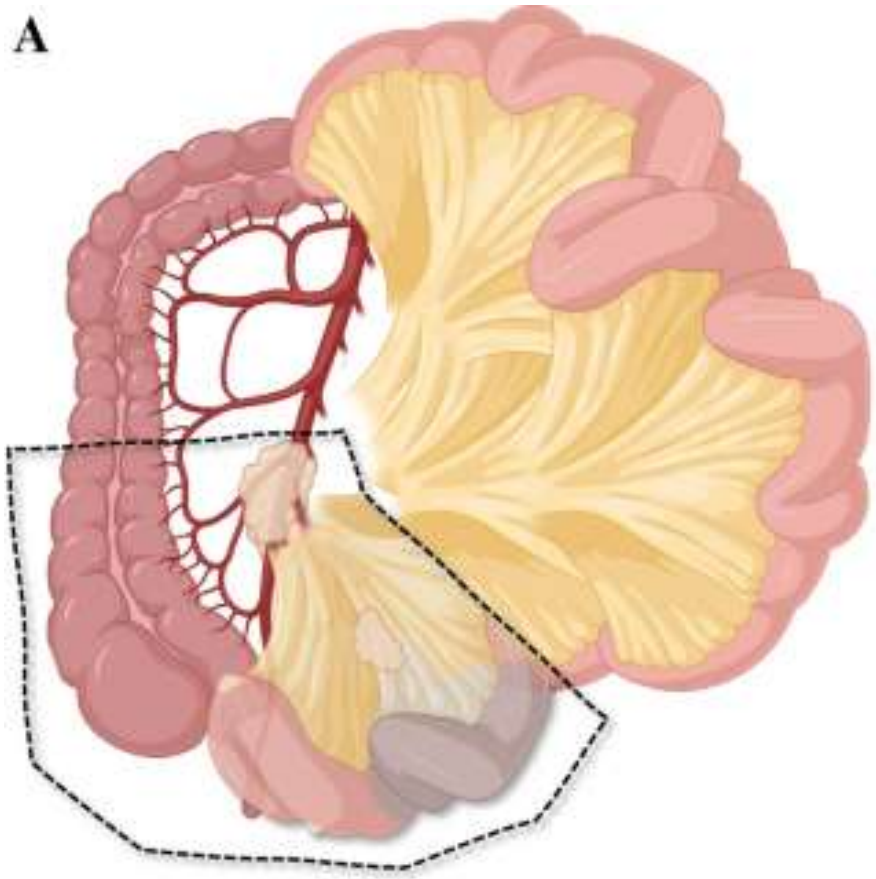
- St.p. CMP s těžkými následky, nesvéprávný
- Polymorbidní
- CT břicha, retroperitonea, malé pánve:

Játra normální velikosti, kontury hladké. Žlučník je nezvětšen, dobře ohraničen, bez litiázy. VP a žlučovody jsou bez dilatace. Atrofie pankreatu, bez dilatace d. pankreaticus. Slezina je nezvětšená. Levá nadledvina bez expanze, hyperplázie pravé nadledviny vel.: 21x17mm. Obě ledviny jsou norm. uložení, normální velikosti, bez lithiasy i dilatace KPS, cysta ve středním segmentu pravé ledviny, vel.: 51mm. Močový měchýř poloprázdný. Aorta je

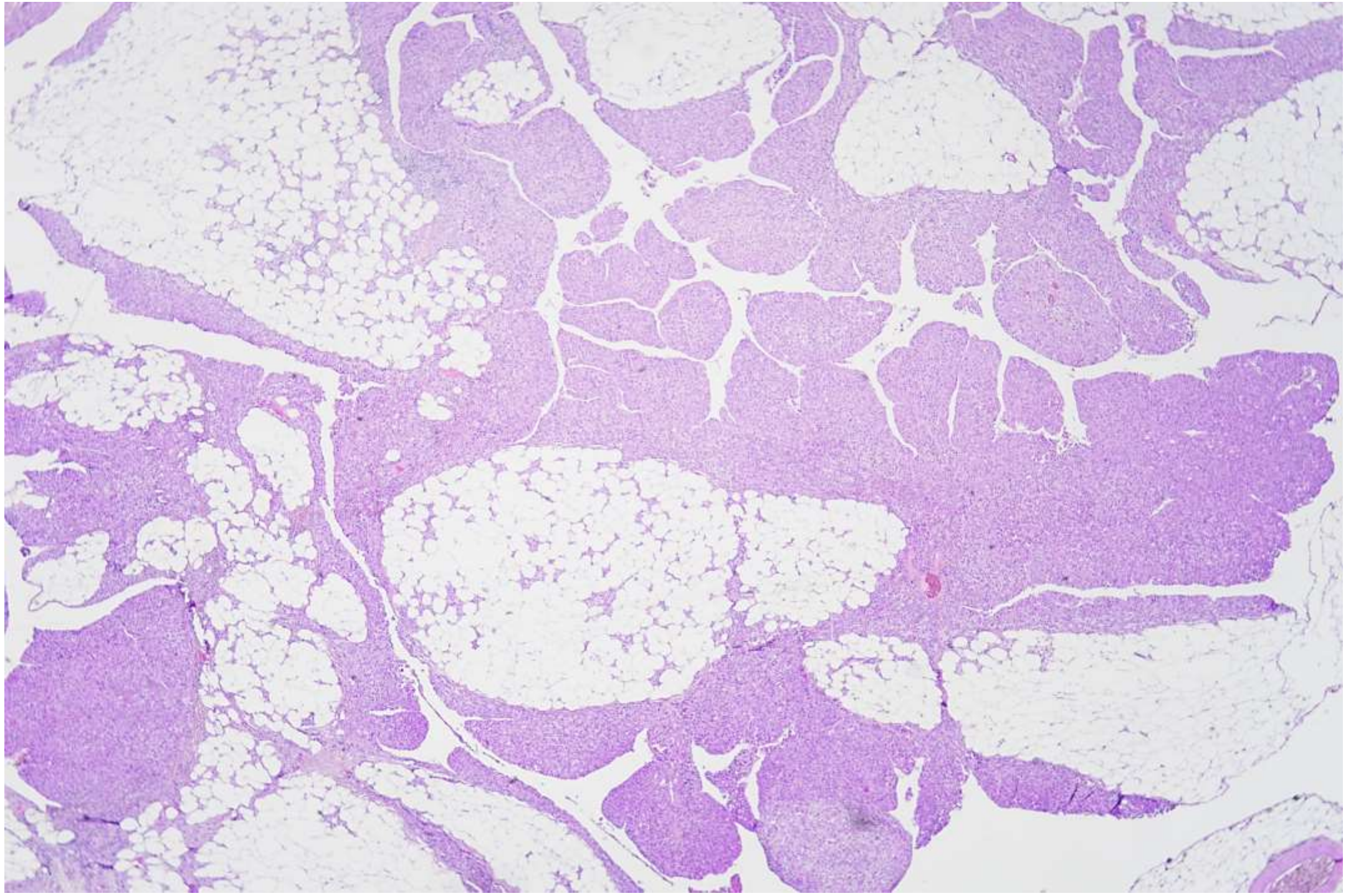
Z.:

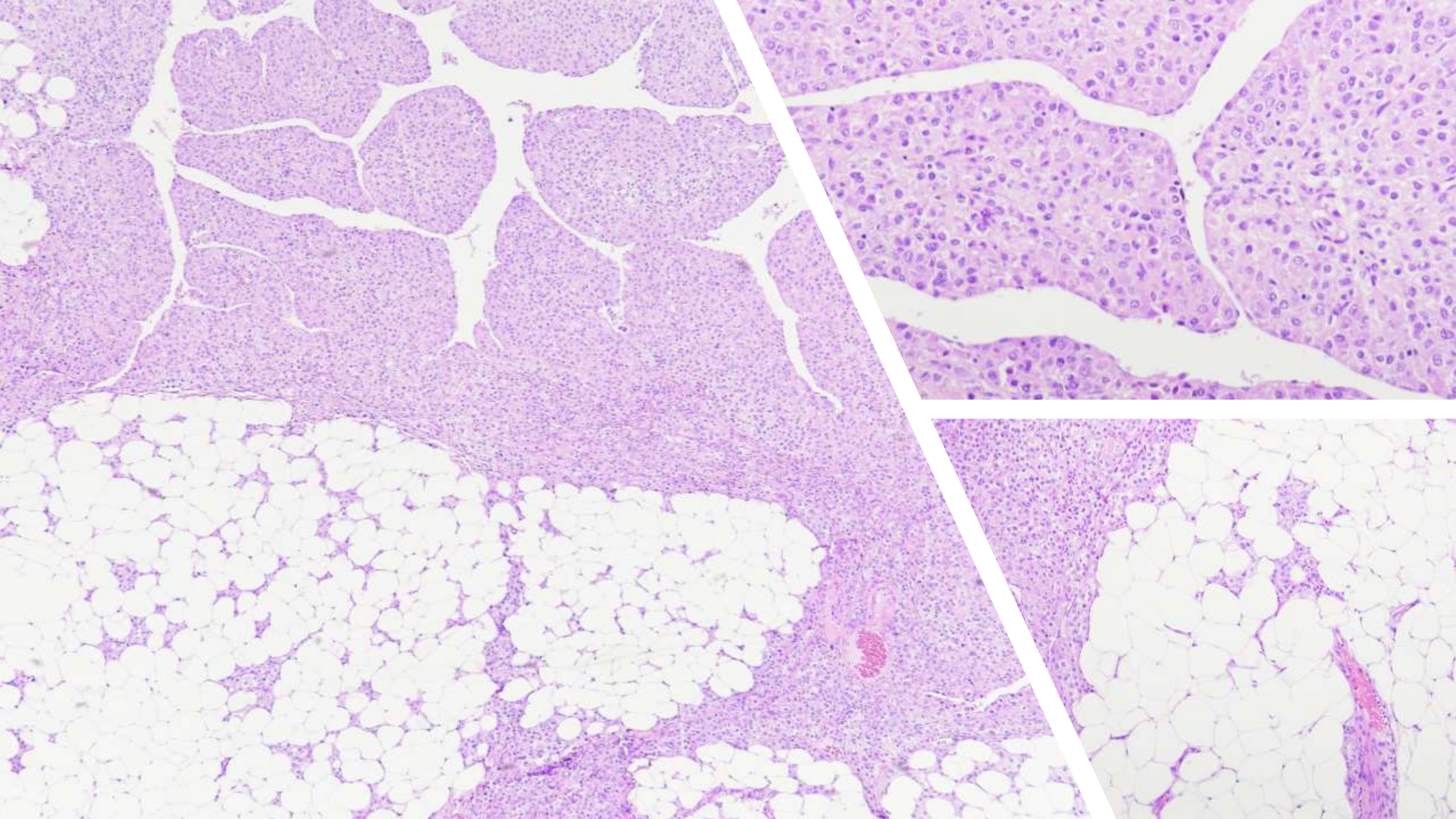
Neúplná rotace tračníku, vyšší poloha céka uložená nad úrovní lopaty kosti kyčelní - varieta, odstup appendixu dorzomediálně, směřuje dorzomediálně a dále kraniálně je rozšířená až na 2cm prakticky v celé délce - dif. dg. appendicitída x karcinoid? - nízké zánětlivé markery, veětší ascites.

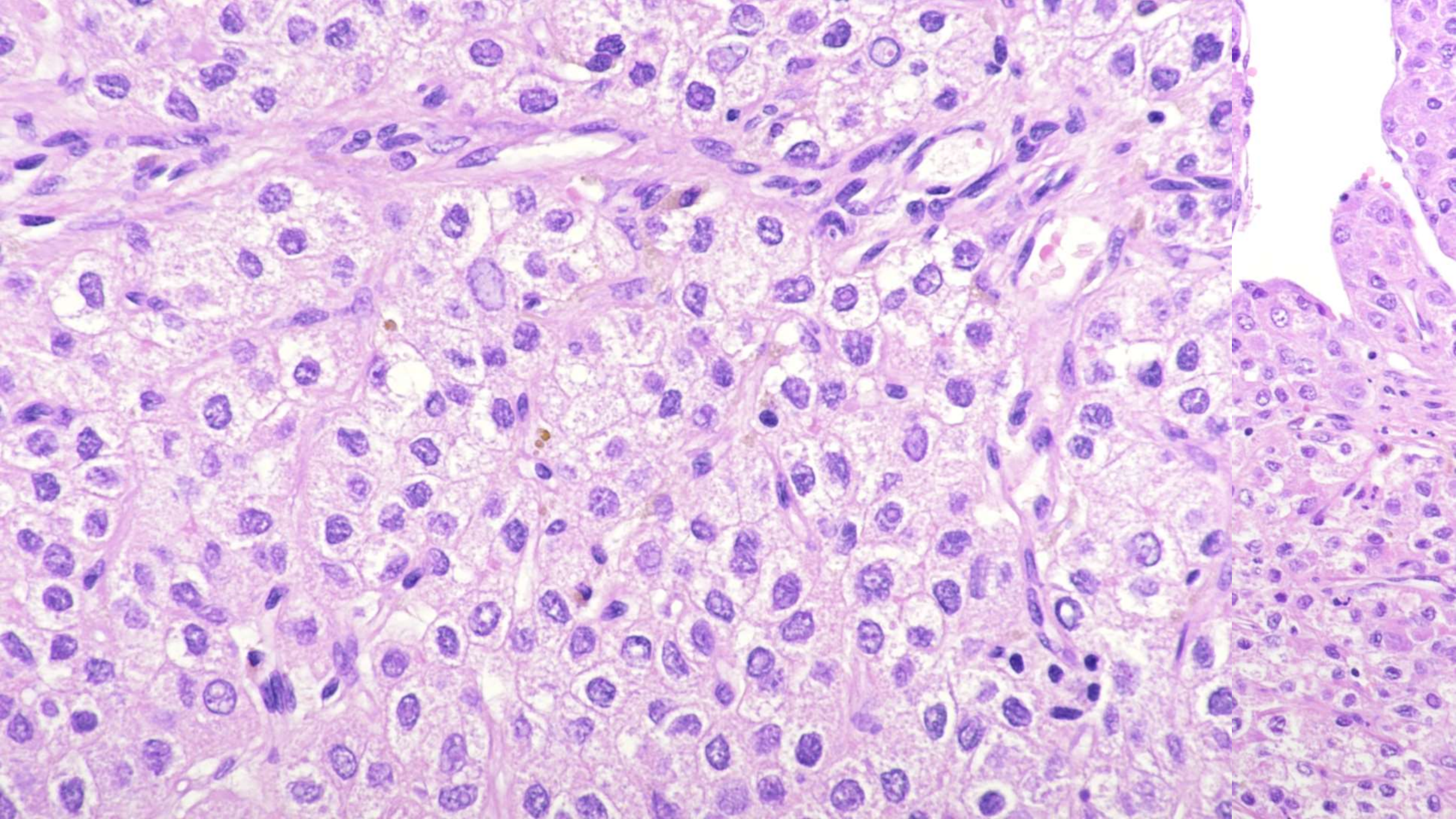
Naplánovaný výkon na tlustém střevě...

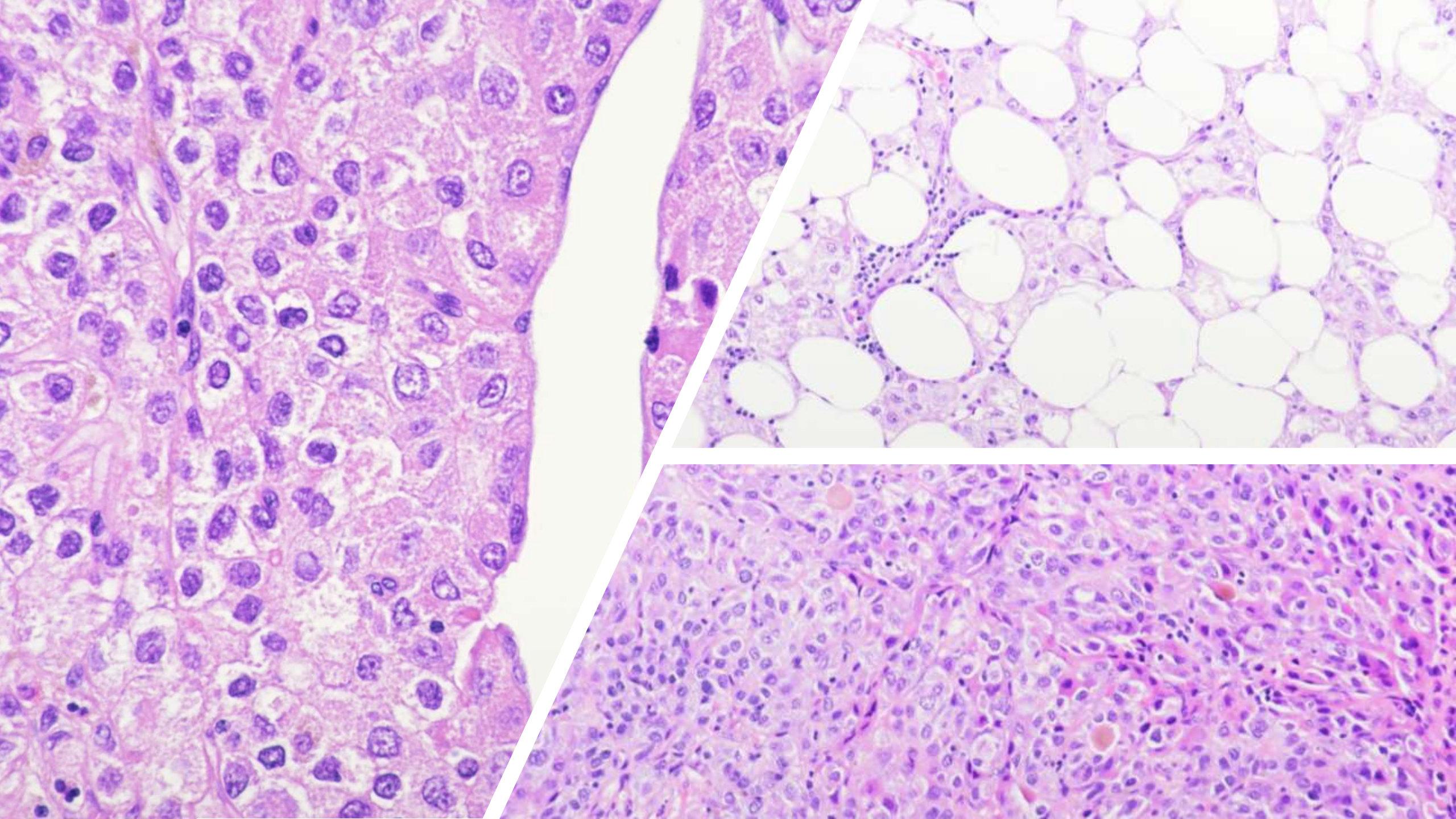


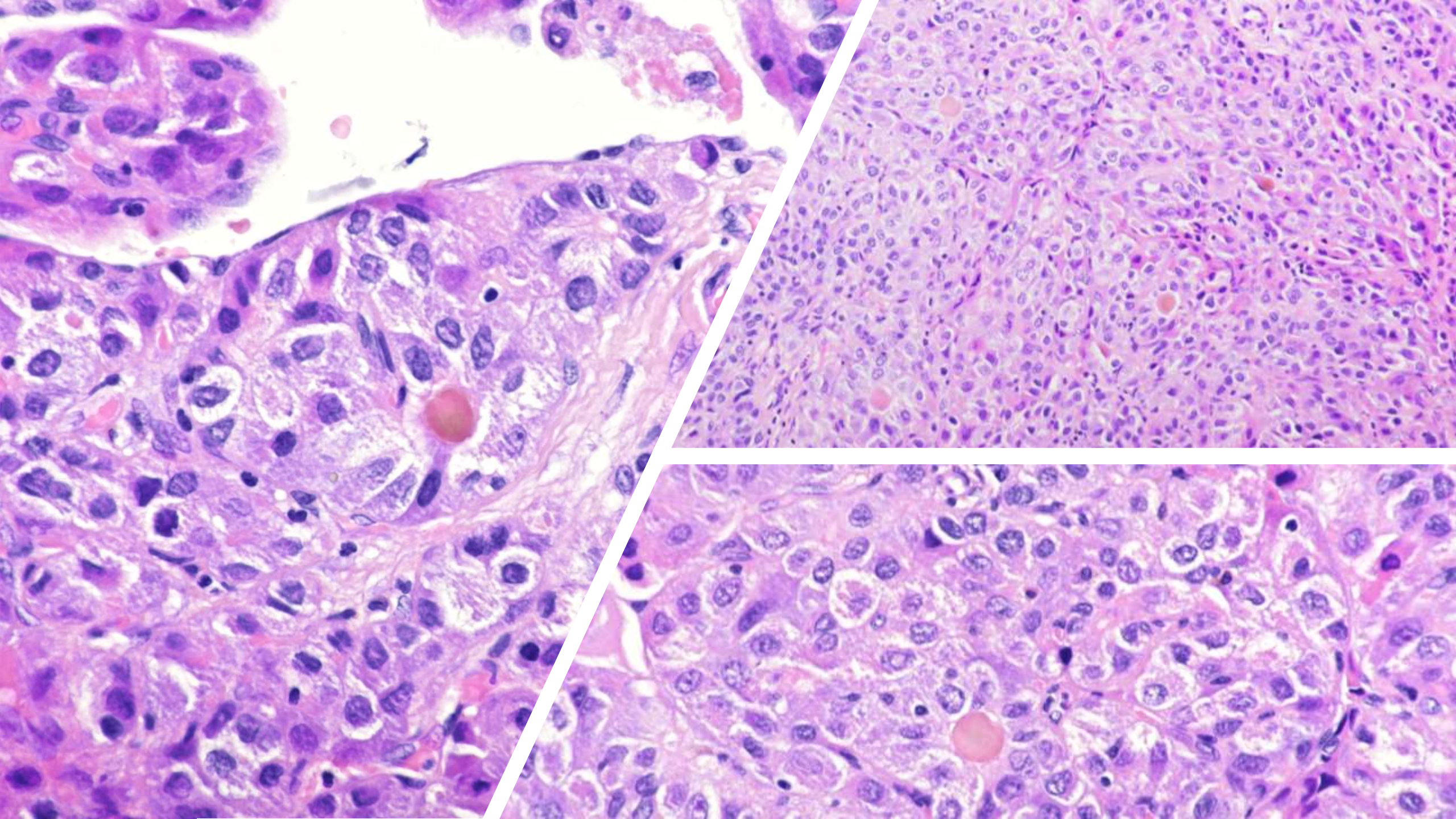
- Peroperačně s nálezem hemoragického sekretu, konvolutu v P podbřišku a vícečetných ložisek na omentu a peritoneu

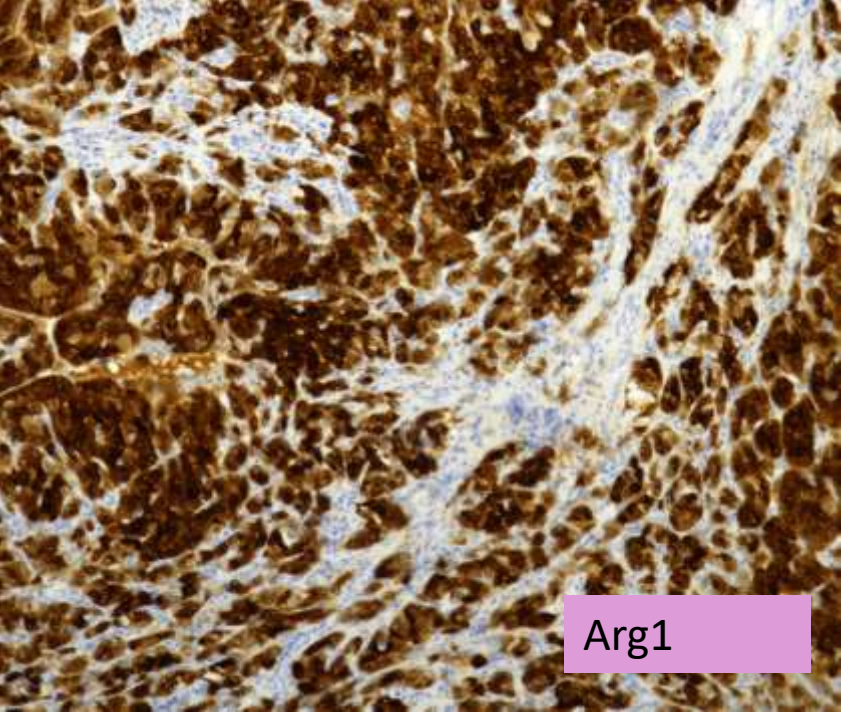


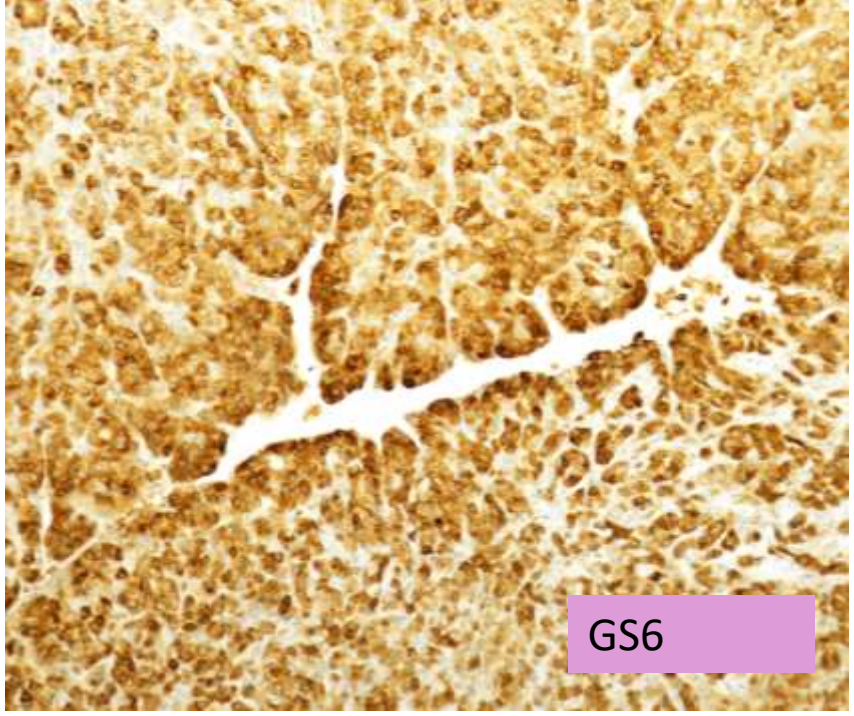


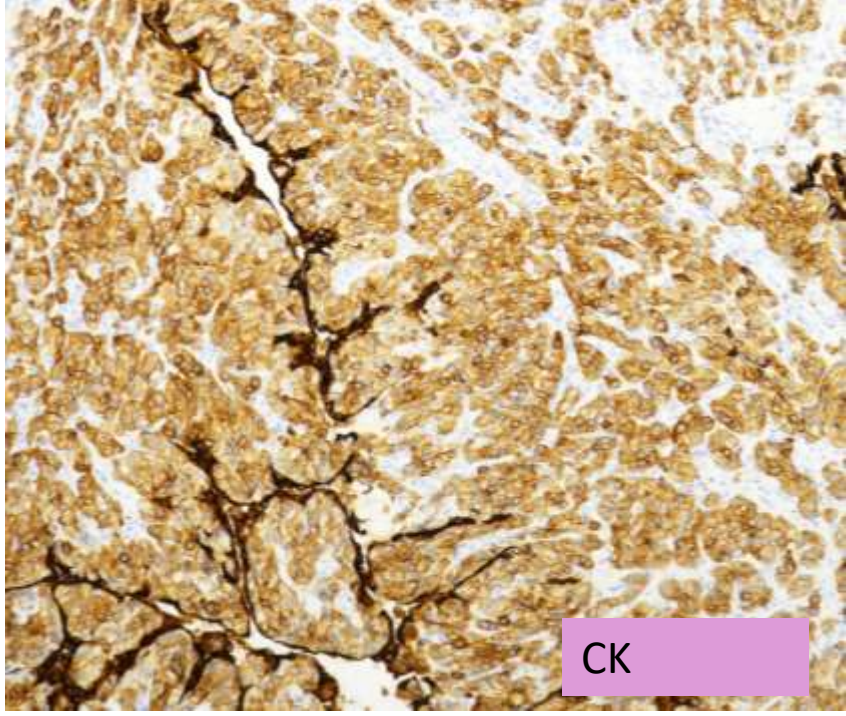


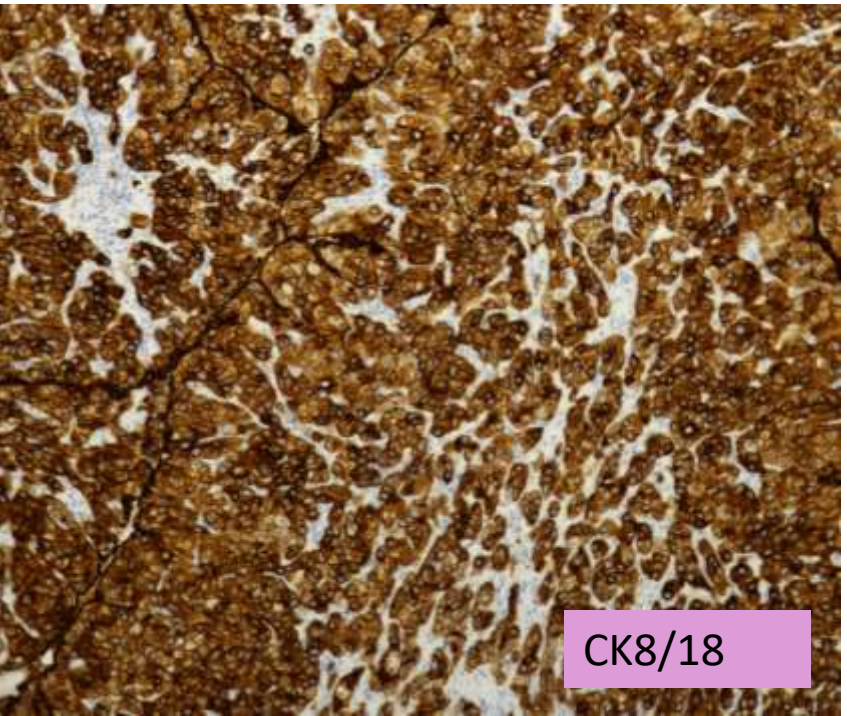


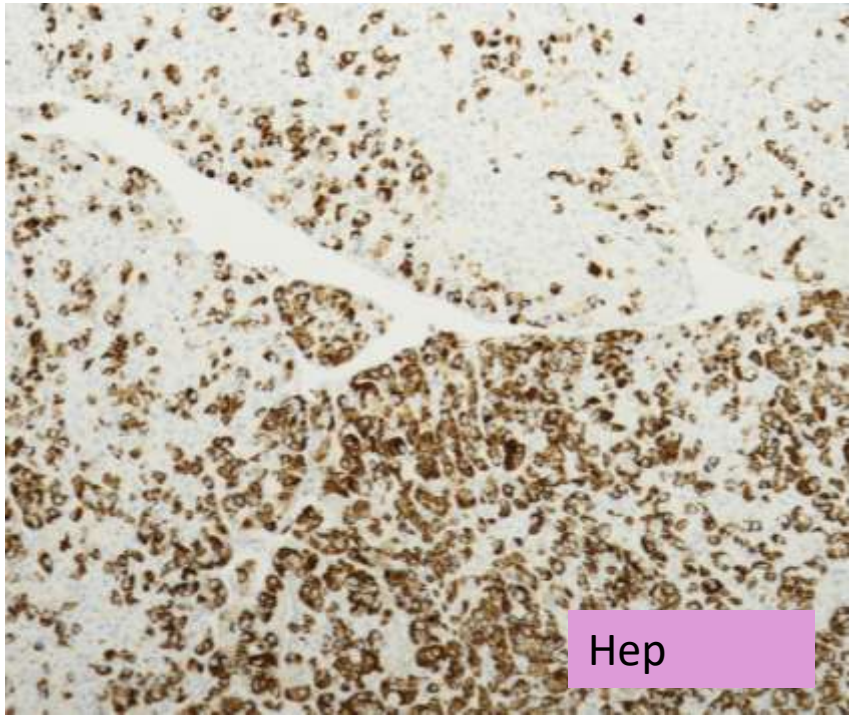


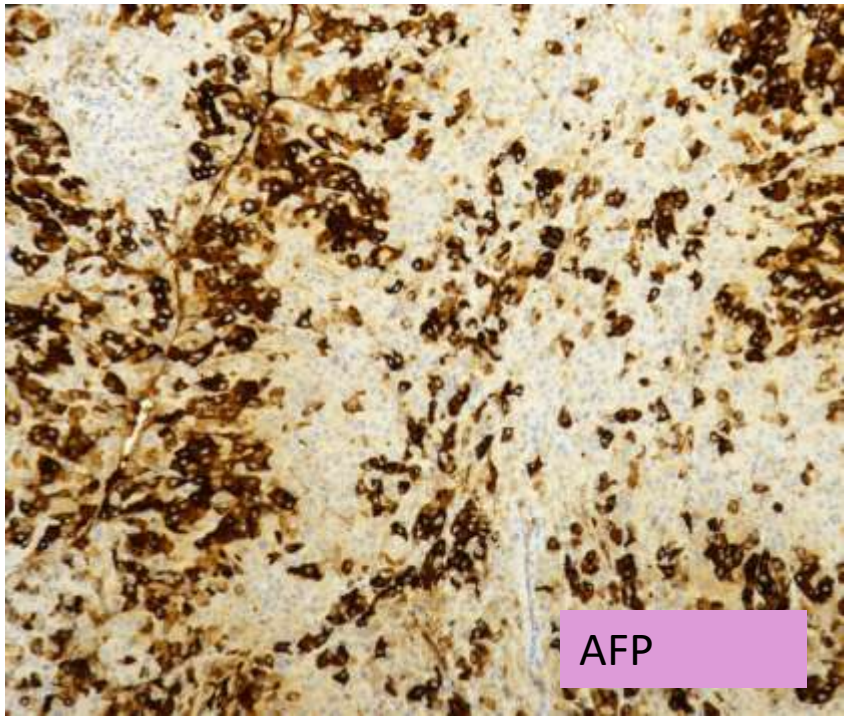

Arg1

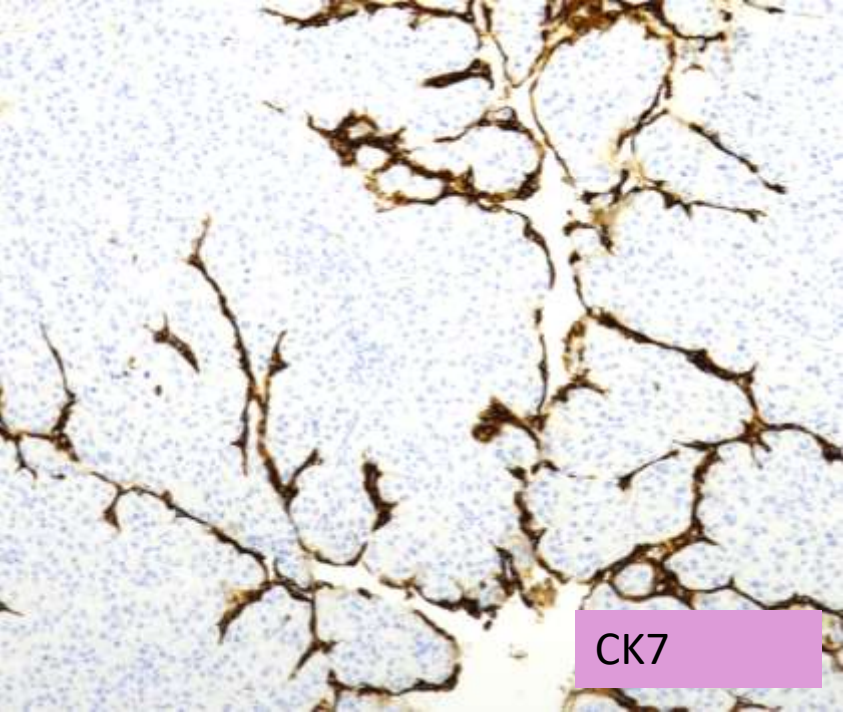

GS6

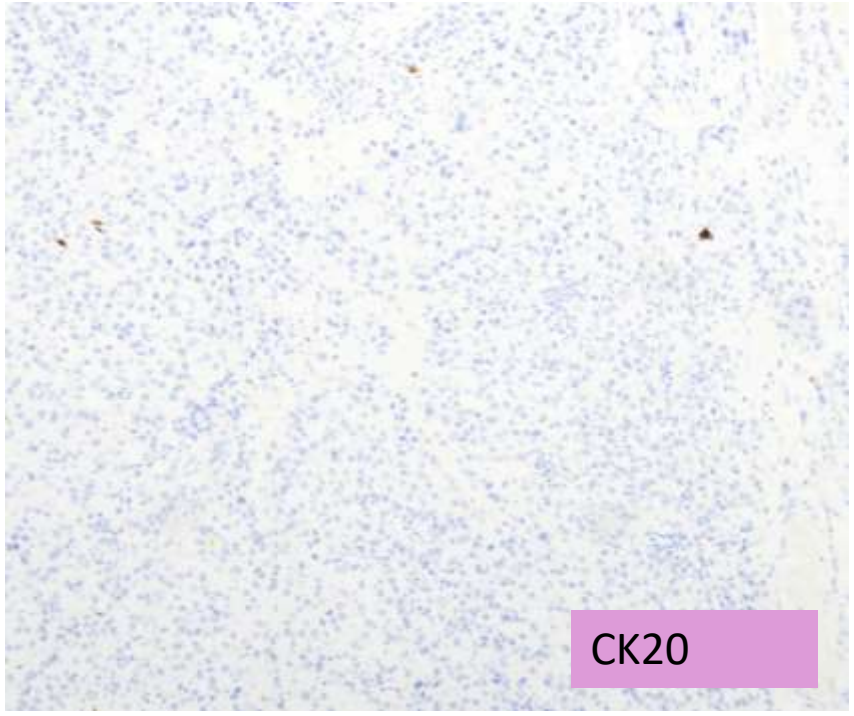

CK


CK8/18


Hep


AFP


CK7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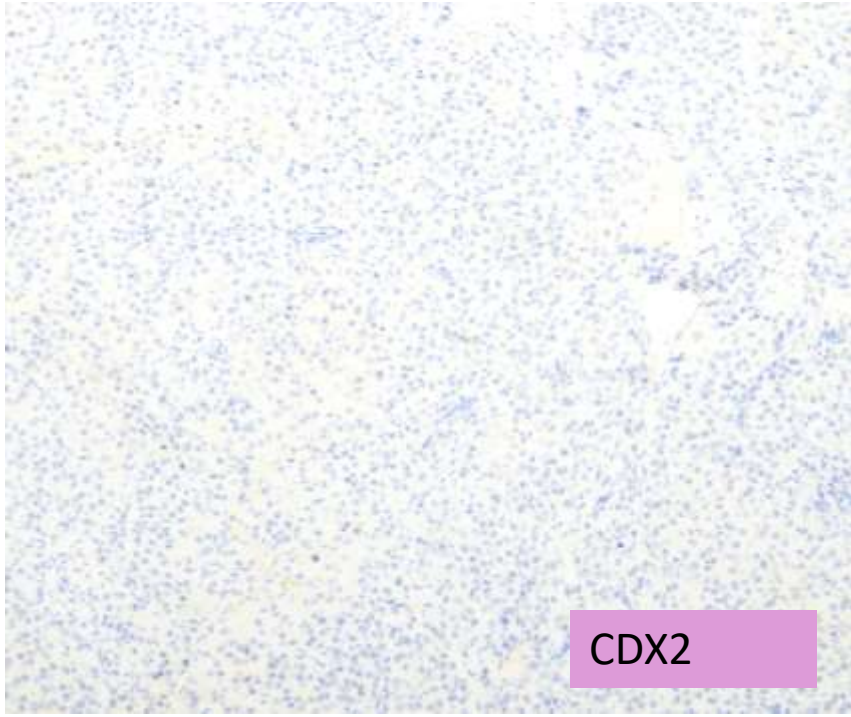
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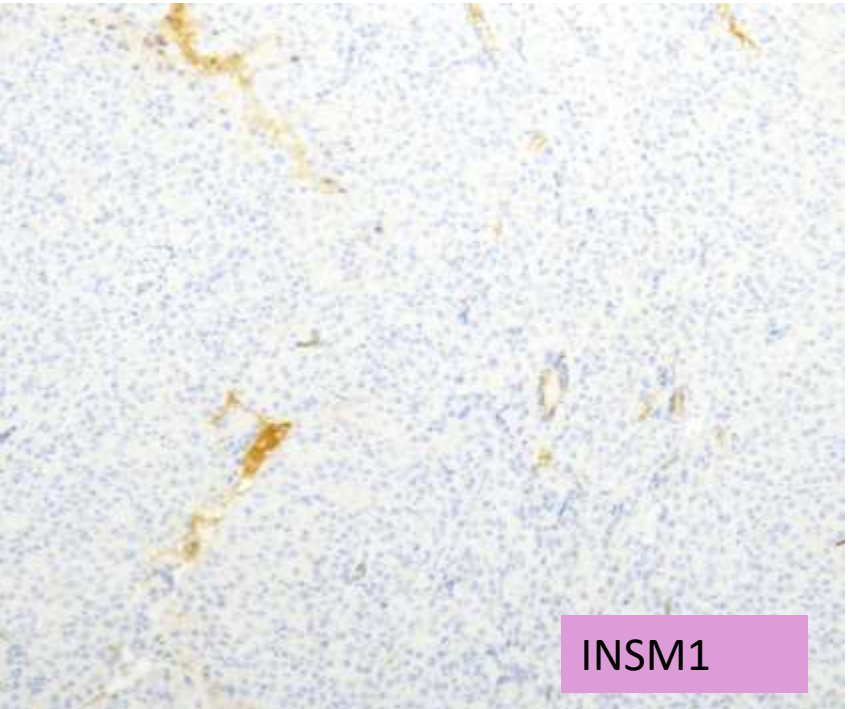
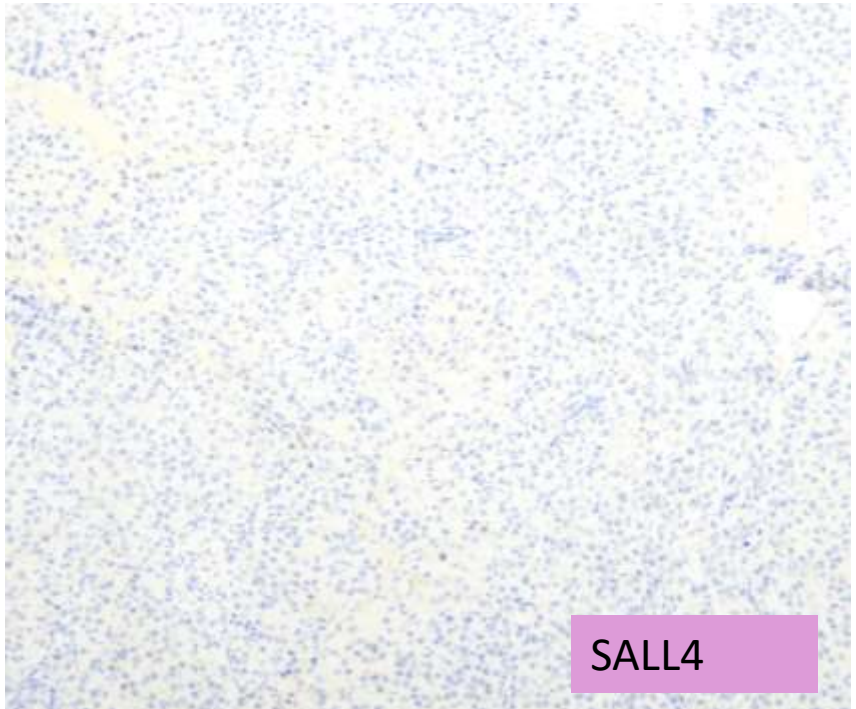
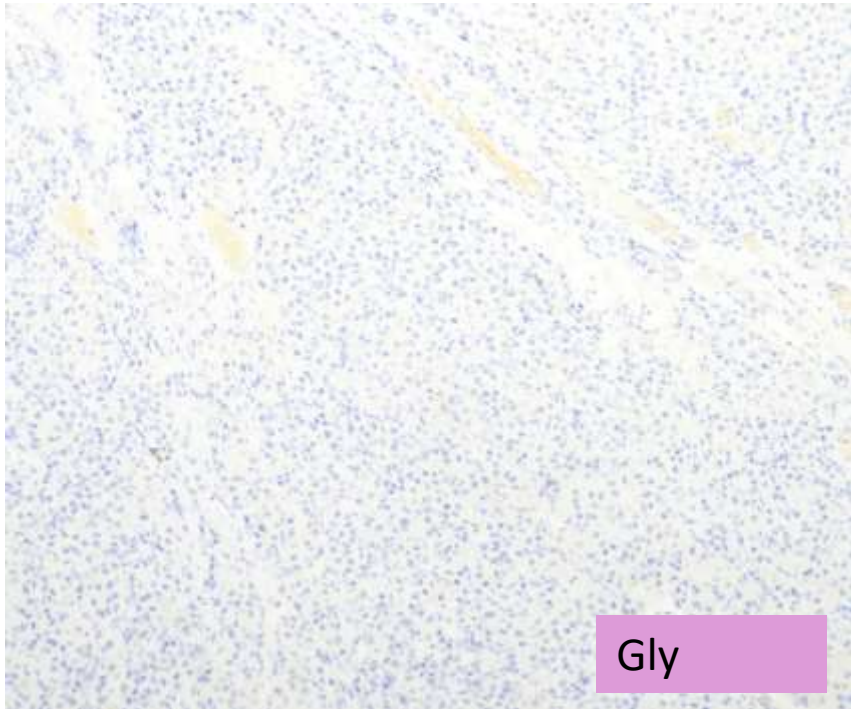
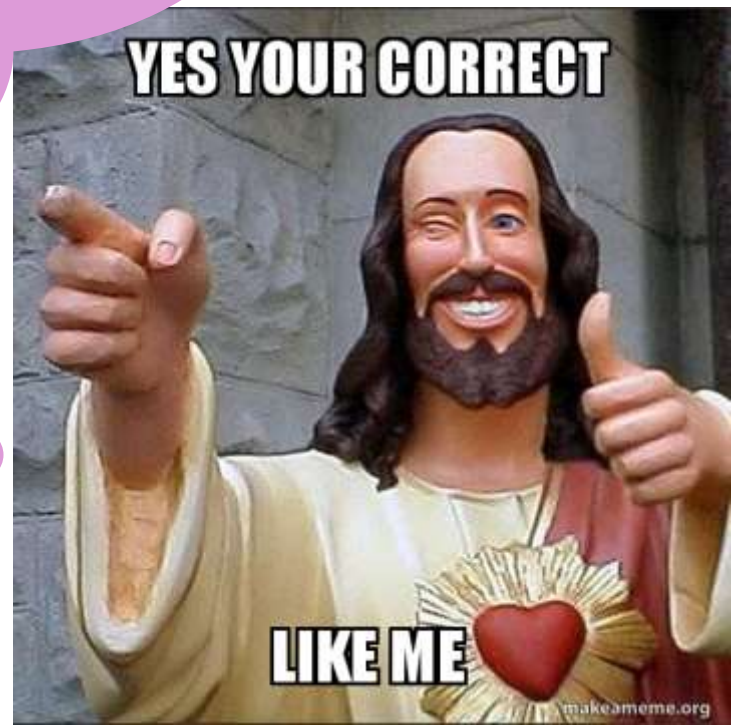

INSM1


SALL4


Gly

Metastáza hepatoidního adenokarcinomu



Mini-review

Hepatoid adenocarcinoma—Clinicopathological features and molecular characteristics

Ming Li [a,b,c,1], Yan-Xia Mei [a,b,c,1], Ji-Hang Wen [a,b,c], Yu-Rong Jiao [a,b,c], Qiang-Rong Pan [a,b,c], Xiang-Xing Kong [a,b,c,**], Jun Li [a,b,c,*]

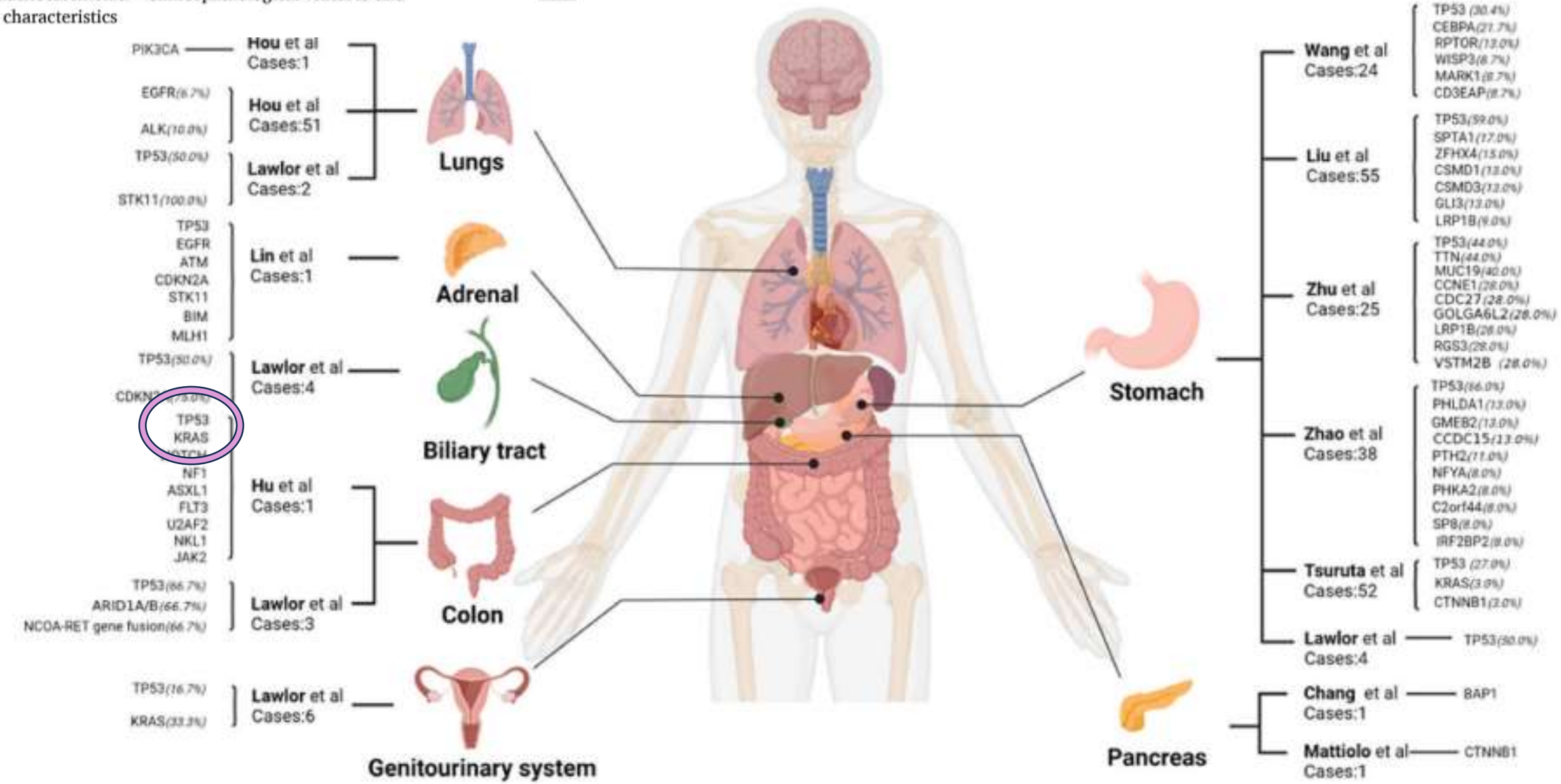


Fig. 2. Gene mutations of HAC at different sites in different studies.

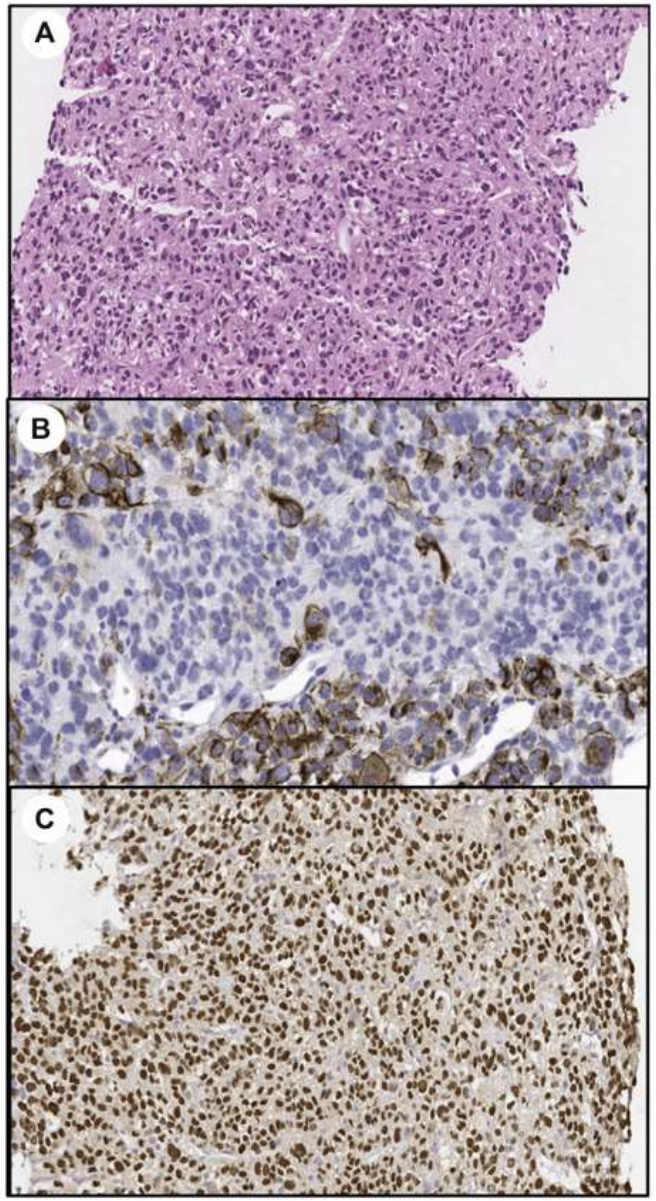


Fig. 5 Adrenocortical carcinoma presenting as a liver mass showing hepatoid features (upper panel) and focally positive HepPar-1 (middle panel) and strong diffuse SF-1 positivity (hematoxylin and eosin stain; magnification for upper panel, ×50; middle panel, ×100; lower panel, ×50). HCC, hepatocellular carcinoma.

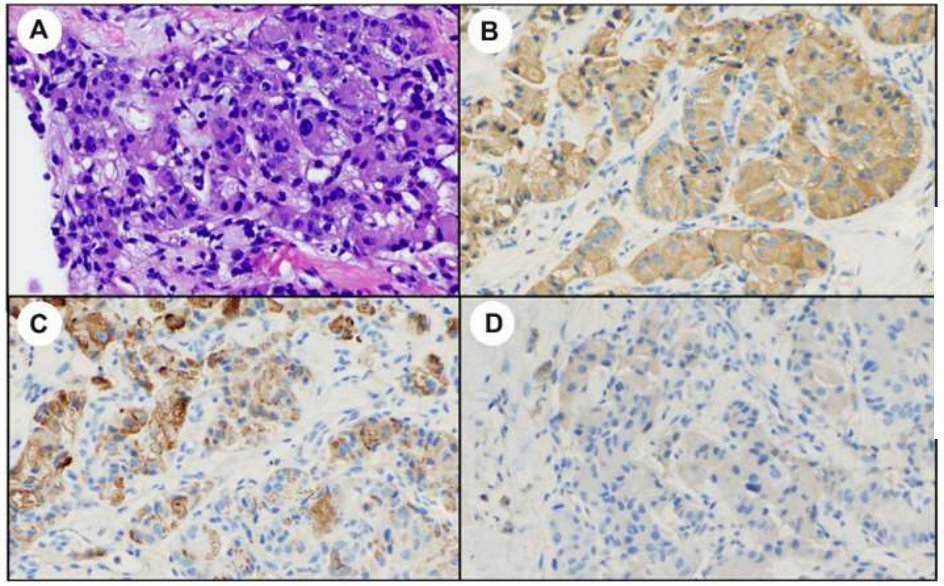


Fig. 8 Well-differentiated neuroendocrine tumor (believed to be) metastatic to the liver and showing overlapping architectural and cytologic features with HCC (including cytoplasmic vacuoles, panel A, hematoxylin and eosin stain) but positive for synaptophysin (B) and chromogranin A (C), while negative for HepPar-1 (D) and arginase-1 (not shown) (magnification for panels A-D: x100). HCC, hepatocellular carcinoma

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Human PATHOLOGY

Mimics of hepatocellular carcinoma: a review and an approach to avoiding histopathological diagnostic missteps☆

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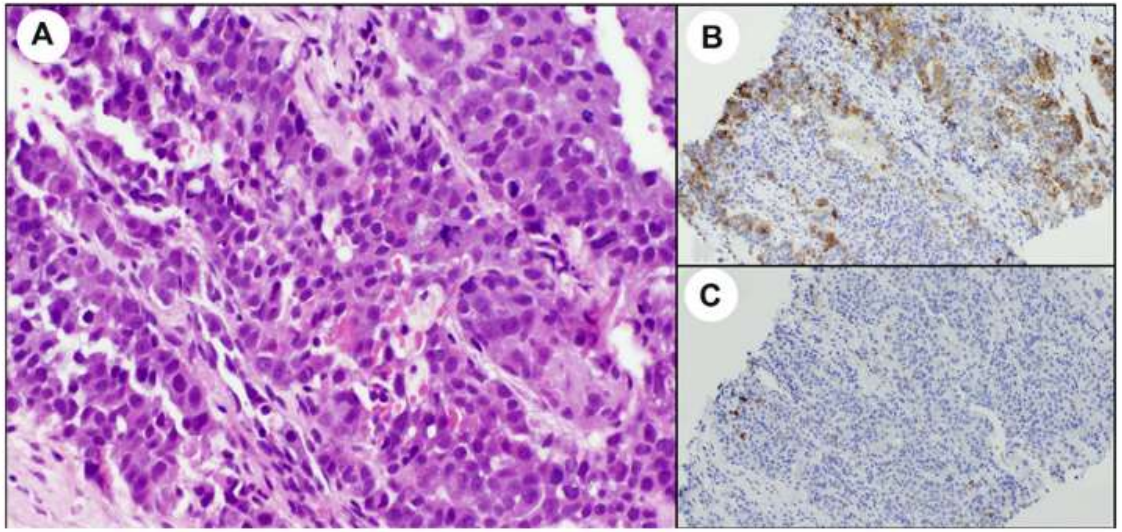

Fig. 9 High grade, poorly differentiated large cell neuroendocrine carcinoma can also show hepatoid features as exemplified by this case (panel A, hematoxylin and eosin stain), showing positive staining for chromogranin A (B), while negative for HepPar-1 (C) and arginase-1 (not shown) (magnification for panel A: x100; panels B & C: x50).

Approach to Not Misdiagnosing HCC Mimics