Hepatoblastoma (HB) rarely occurs in adults. We report herein the unusual case of a 19-year-old, otherwise healthy woman with no history of liver disease who presented with upper abdominal pain and hepatomegaly. Tests for hepatitis B virus (HBV), hepatitis C virus (HCV) were negative, and AFP was normal. There was no evidence of liver cirrhosis. A well-demarcated solid mass of 14 cm in diameter, which was lobulated and partly necrotic, was detected in the liver by computed tomography (CT). At surgical exploration a large liver mass was detected occupying the entire right lobe. A right trisegmentectomy was performed with tumor grossly resected with microscopic residual disease (i.e positive margins). On microscopic examination the tumor was composed mainly of two components which were intermingled: epithelial and mesenchymal elements. The epithelial component was formed of small embryonal cells, grouped into nodules, scattered in cellular mesenchymal tissue. The diagnosis was mixed hepatoblastoma.

The postoperative course was uneventful and calcium level dropped to 7.8 mg/dL. The patient received 4 cycles of systemic chemotherapy with cisplatinum and adriamycin. Post-chemotherapy evaluation revealed recurrence of the hepatoblastoma in the remaining liver. She died 6 months later.

Key words: Hepatoblastoma, adult age, liver neoplasm, chemotherapy.
Figure 1. Magnetic resonance imaging (MRI) images. MRI showed on unenhanced T1-weighted transverse image a right hepatic lobe mass (arrows) that is hypointense. A. Enhanced T1-weighted transverse image of the liver obtained 3 minutes after administration of gadolinium shows a slight, unhomogeneous contrast material uptake. B. Unenhanced T1-weighted fat-suppressed transverse image reveals areas of hyperintensity indicating hemorrhage. C. On the T2-weighted transverse image the lesion is slightly hyperintense in comparison to remaining liver parenchyma D.

Figure 2. Selective celiac arteriogram. A hypervascular mass is noted.

Figure 3. Histological findings. The tumor was composed mainly of two components which were intermingled: epithelial and mesenchymal elements. The epithelial component was formed of small embryonal cells, grouped into nodules, scattered in cellular mesenchymal tissue. (Haematoxylin and eosin).

Discussion

Hepatoblastomas accounts for 0.2-5.8% of total malignancies of the liver and for 25%-45% of primary hepatic
of children with unresectable hepatic tumors. Post transplant survival rates as high as 80% have been reported for children with hepatoblastomas. Intravenous invasion, positive lymph nodes and contiguous spread did not have a significant adverse effect on outcome. For children with hepatocellular carcinoma the overall five-year disease-free survival rate was approximately 60%. In conclusion, hepatoblastoma in adult patients has an aggressive presentation and a poor prognosis compared than childhood patients.

References