

Case report: Inflammatory Pseudotumor of the liver

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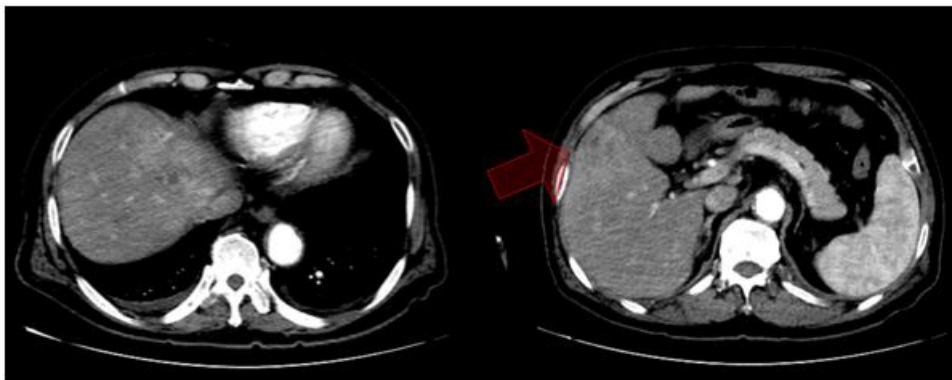
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Backgrounds: Inflammatory pseudotumor (IPT) of the liver is a rare benign disease characterized by chronic infiltration of inflammatory cells. The etiology of IPT remains uncertain although infectious condition, autoimmune phenomenon, or systemic inflammatory response syndrome has been suggested.

Case report: A 77-year-old male visited ER with RUQ pain with fever. Laboratory tests revealed leukocytosis ($11,390/\text{mm}^3$ with 71.3% segmented neutrophil) and increased serum CRP level (17.29mg/dl), but the serum levels of α -fetoprotein and CA19-9 were within normal ranges. Liver dynamic computed tomography (CT) showed multiple hypoechoic nodular lesions with rim enhancement in the both hemilivers (figure 1). Magnetic resonance imaging using Primovist enhancement was performed to obtain additional information, and the radiological diagnosis was multifocal liver abscesses. Interestingly, He had a history of liver abscess with incomplete resolution for 3 times (4 months, 2 years and 7 years prior to this visit). During previous hospitalization, serum tumor markers were all within the normal range and no microorganisms were identified in the blood culture. High fever (up to 40°C) continued without improvement despite intravenous antibiotic administration. Blood culture was negative. Ultrasound-guided liver biopsy demonstrated acute inflammation with infiltration of numerous inflammatory cells including lymphocytes and plasma cells. These histological findings were consistent with the IPT of liver. He was treated with NSAID and since then symptoms were relieved. The follow-up CT scan was performed 5 weeks after the treatment initiation, and the size and extent of the lesions were markedly regressed (Figure 2).

Discussion: Usually, hepatic IPT can be mistaken for malignant tumor such as hepatocellular carcinoma and cholangiocarcinoma, or liver abscess. If liver abscess frequently recurs or does not improve despite appropriate antibiotics, differential diagnosis from IPT through histological diagnosis is mandatory. Once the diagnosis is established, complete resolution can be reached with the medical treatment.

[Figure1] Initial liver dynamic computed tomography images



[Figure2] Follow-up CT images

