

## A case report of primary hepatic marginal zone B cell lymphoma of mucosa associated lymphoid tissue

Department of Internal medicine, University of Ulsan College of Medicine, Asan Medical Center, Seoul, Korea

\*Hyun Deok Shin, Sang Soo Lee, Sang Hyun Park, Soon Joo Kim  
Jung Ho Kim, Dong Wan Seo, Sung Koo Lee, Myung-Hwan Kim

Primary hepatic lymphoma(PHL) is classified as non-Hodgkin's lymphoma(NHL). Although secondary involvement of the liver is commonly found in advanced lymphoma, primary hepatic NHL is a rare and poorly characterized disease. Approximately, 30% of cases of NHL present as primary extranodal disease. Primary hepatic lymphoma constitutes 0.4% of cases of extranodal NHL, and only about 0.016% of all cases of NHL. B cell type is common PHL, about 87%, especially most common type is diffuse large B cell lymphoma and next is marginal zone, mucosa associated lymphoid tissue type(MALT) lymphoma. PHL is essentially a pathologic diagnosis. Clinical presentation of PHL is usually nonspecific, but abdominal pain, weight loss and fever are common. As many as 10% of patients will be asymptomatic, with the discovery of PHL only after an evaluation for incidental hepatic abnormalities. We experienced case of primary hepatic lymphoma presenting no constitutional symptoms, but multiple liver masses. Its hisopathologic findins show primary hepatic MALT lymphoma. We report this case because of its rarity. Key Words : primary hepatic lymphoma, non-Hodgkin's lymphoma, mucosa associated lymphoid tissue

## Inflammatory myofibroblastic tumor of liver

Department of Internal Medicine<sup>1</sup> and Pathology<sup>2</sup> Yonsei University College of Medicine, Seoul, Korea

\*Lim Hyun Chul<sup>1</sup>, Jahng Jae Hoon<sup>1</sup>, Park Jong Pil<sup>2</sup>, Lee Eun Hae<sup>1</sup>, Park Chan Ik<sup>1</sup>, Paik Young Han<sup>1</sup>

Inflammatory myofibroblastic tumor(IMT) is a rare benign disease which is characterized by pseudosarcomatous proliferation composed of spindled myofibroblast cells admixed with variable numbers of inflammatory cells. IMT may mimic malignancy clinically and radiologically which makes it hard to distinguish. So most IMTs in liver were surgically removed by hepatic resection with confirmative diagnosis made later on. However, current reports indicate that minimal invasive pathologic examination and medical therapy might be sufficient treatment. We report two cases of inflammatory myofibroblastic tumor of liver diagnosed by ultrasonography guided biopsy. Case 1 : A 26-year-old man presented with right upper quadrant pain for 4 days and abdominal computerized tomography showed multiple liver abscess with splenomegaly. Ultrasonography guided biopsy was done and pathology revealed that inflammatory myofibroblastic tumor with multiple smooth muscle fiber expressing alpha-smooth muscle actin. He was treated with intravenous antibiotics and the tumor size was diminished. Case 2 : A 47-year-old man was referred from local clinic due to abnormal liver mass on ultrasonography. Abdominal computerized tomography showed two target lesions at the right lobe of the liver. Ultrasonography guided biopsy was done and the pathologic diagnosis was made for myofibroblastic tumor of liver. The liver masses were regressed by conservative therapy and they disappeared after 6 months.