

## Image of the Month

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**A** 27-YEAR-OLD, HEALTHY-APPEARING WOMAN presented with vague abdominal discomfort. Her medical history included only oral contraception. Physical examination results were remarkable for a palpable mass of mild tenderness in the upper right quadrant. Serum levels of tumor markers (carcinoembryonic antigen, carbohydrate antigen 19-9, and  $\alpha$ -fetoprotein) and serology results for echinococcosis were negative. Abdominal computed tomography and hepatic magnetic resonance imaging showed a 9-cm-diameter, solid, heterogeneous, capsulated mass with scattered calcifications that had developed from the inferior part of segment VI of the liver (**Figure 1**). Gastroscopy and colonoscopy results were normal. The patient underwent liver resection by bisegmentectomy of segments V and VI, including hepatic pedicle lymphadenectomy.

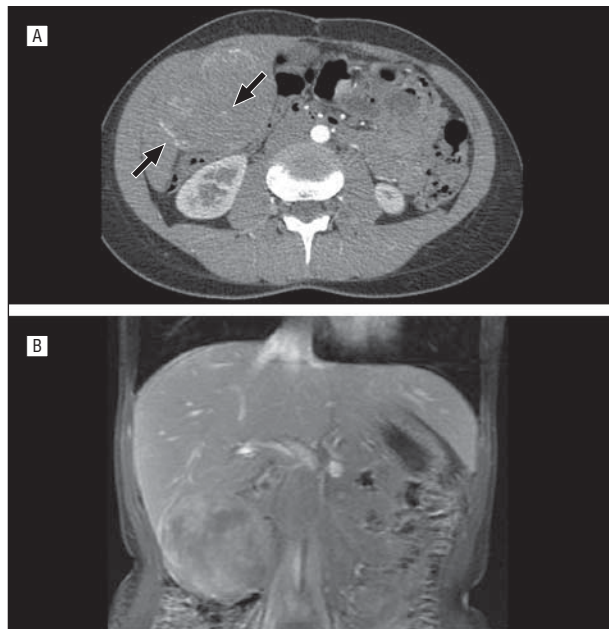
Gross examination of the surgical specimen revealed a solid, nodular, well-circumscribed, white mass. The cut surface was firm and had a homogeneous appearance with-

out any evidence of necrosis or hemorrhage. Histologically, the lesion was characterized by a thin fibrous capsule and was composed of a proliferation of spindle cells with small nuclei and a collagen-rich stroma. Within the fibrocollagenous tissue, there were several dystrophic calcifications, psammoma bodies, lymphoid aggregates, and a few foamy macrophages (**Figure 2**). Immunohistochemical staining showed negative results for antibodies against S-100 protein, caldesmon, smooth muscle actin, desmin, CD34, CD117 (c-kit), anaplastic lymphoma kinase protein, and keratin. Stains were focally positive for  $\beta$ -catenin. Proliferation index Ki67 was inferior to 1%. No lymph node metastasis was observed.

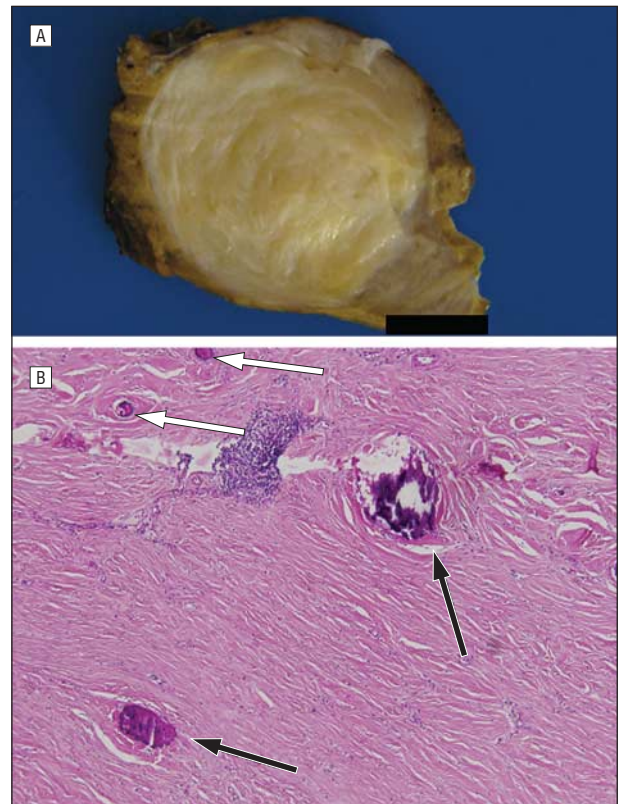
### What Is the Diagnosis?

- A. Calcifying liver metastasis
- B. Intrahepatic cholangiocarcinoma
- C. Hepatic calcifying fibrous pseudotumor
- D. Focal nodular hyperplasia

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**Figure 1.** A contrast-enhanced abdominal computed tomographic scan (A) and a hepatic magnetic resonance image (B) showing a large, heterogeneous, solid, capsulated mass. A, Black arrows indicate intratumoral and peritumoral calcifications.



**Figure 2.** The surgical specimen on gross examination (A) and a high-power photomicrograph showing dense collagen bundles, dystrophic calcifications (white arrows), and psammoma bodies (black arrows) (hematoxylin-eosin, original magnification  $\times 100$ ) (B).