Case Report

A Case Report of Fibrolamellar Hepatocellular Carcinoma in a Young Adult

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Abstract

Among the four histopathological variants of hepatocellular carcinoma, Fibrolamellar hepatocellular carcinoma (FLHCC) is a rare variant of hepatocellular carcinoma (HCC). It occurs in less than 1 % cases of hepatocellular carcinoma with distinct features as compared to classical HCC. It differs from typical HCC in terms of epidemiology, etiology, clinical presentation and prognosis. In this case report we are going to present a case of fibrolamellar variety of HCC in a 20-year young male with no history of previous liver disease and no characteristics features on Computed Tomography (CT) scan when compared with typical HCC. After discussing in multidisciplinary meeting, he underwent non anatomical liver resection which remained uneventful. Histopathology of the biopsy sample revealed FLHCC.No neoadjuvant therapy was given. Patient was kept on 1 year follow-up and no recurrence or metastasis occurred.

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Introduction:

Hepatocellular carcinoma (HCC) is the sixth most common cancer worldwideand constitutes about 90% of all primary liver tumors. There are four histopathological variants of HCC which include adenoid, giant cells, fibrolamellar, and clear cell type[1].

Fibrolamellar hepatocellular carcinoma (FLHCC) is a rare variant of HCC which represents only 1% of all primary hepatic tumors. It is different from classical HCC in etiology, clinical and radiological presentation[2]. As there are no usual risk factors such as Hepatitis B, C or cirrhosis and radiological findings can be atypical so it could be difficult to diagnose and cause delay in treatment[3].

In this case report we going to present a case of rare variety of HCC known as Fibrolamellar hepatocellular carcinoma (FLHCC) in a 20-year-old male. The purpose of this case report is to spread awareness to the readers about presentation, management plan and prognosis of FLHCC.

Case Report:

A 20 years old male with no comorbidities, presented to outpatient department of Bahria International Hospital Orchard, Lahore Pakistan in June 2020 with complaint of right hypochondrium pain for two months. The pain was mild in intensity, dull, non-radiating. He had no history of jaundice, hematemesis, fever, and anorexia or weight loss. Viral markers were negative. No abnormal findings were appreciated on abdominal examination. All baseline blood reports were within normal range, and the level of alpha fetoprotein (AFP) was 2.1 IU.

An ultrasound (USG) abdomen was performed which showed 57 x 38 x 31 mm hypoechoic mass in segment 5 of liver. There were no liver parenchymal changes, splenomegaly or ascites. Computed tomography (CT) Triphasic abdomen scan showed a heterogeneous lesion in segment 5 and 4b of liver (Figure 1). This lesion showed patchy arterial enhancement with the impression of washout on portal venous and delayed phase suggestive of liver adenoma. There were no