

# PATHOLOGY LAB

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## ANATOMIC PATHOLOGY REPORT Record No. 00376-2019

Patient: MARIA OLGA NOVELLA ALVARADO

DOB: may-24-1940 Age: 79 years Gender: F

Attending physician: DR.SVENKUESTERMANN

HLL

Reception: August 26, 2019

Final Report: August 28, 2019

**CLINICAL HISTORY:** Patient with diagnostic impression of hepatic cirrhosis with hypoalbuminemia of 2.18, total protein value of 5.2, ammonium 40, alkaline phosphatase 118, GGT 44, AST 39, ALT 34 and AFP 14. Hepatitis B serology is negative. Positive antibody titers for Hepatitis C. Heaping diagnostic imaging shows a regular mass of 3.9 cm in maximum diameter in hepatic segment V which is biopsied.

**SAMPLE:** RIGHT HEPATIC LOBE (SEGMENT V)  
**PERCUTANEOUS BIOPSIES. #1. NON-NEOPLASTIC PARENCHYMA. #2. NEOPLASTIC LESION.**

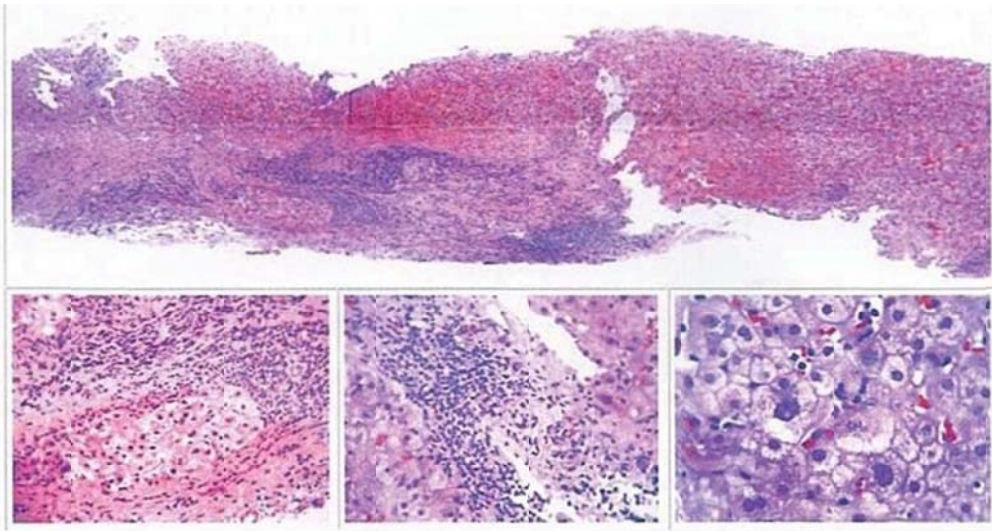
**MACRO:** Containers identified with patient's name contain, fixed in formaline:

#1. A cylindrical fragment of yellowish tissue that measures 1.4 x 0.1 x 0.1 cm. Submitted in whole to study, identified with numeral 1.

#2. Five cylindrical fragments of brown tissue with reddish areas that measure as a whole 6.8 x 0.1 x 0.1 cm. Submitted in whole to histologic study, identified with numeral 2.

**.MICRO:** Sections show:

# 1. Cylinder composed of hepatic tissue with loss of lobular architecture forming nodules of various sizes surrounded by thick fibrous inflammatory bands that contain abundant inflammatory lymphoplasmocytic infiltrate trapping bile ductules. Disrupted hepatocyte trabeculae, stacked and with frequent binucleation, cytoplasmic ballooning, absence of steatosis and mild cholestasis. Focal hepatocytic necrosis surrounded by lymphocytes is observed. There are seven portal spaces mildly enlarged due to inflammatory lymphoplasmocytic infiltrate. There is also decrease in quantity of bile ductules. This architectural collapse is enhanced with Masson's trichrome stain.



Página 1 de 2

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Dr. HERNÁN MOLINA KIRSH

## ANATOMIC PATHOLOGY REPORT

Record No. 00376-2019

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DOB: may-24-1940 Age: 79 years Gender: F

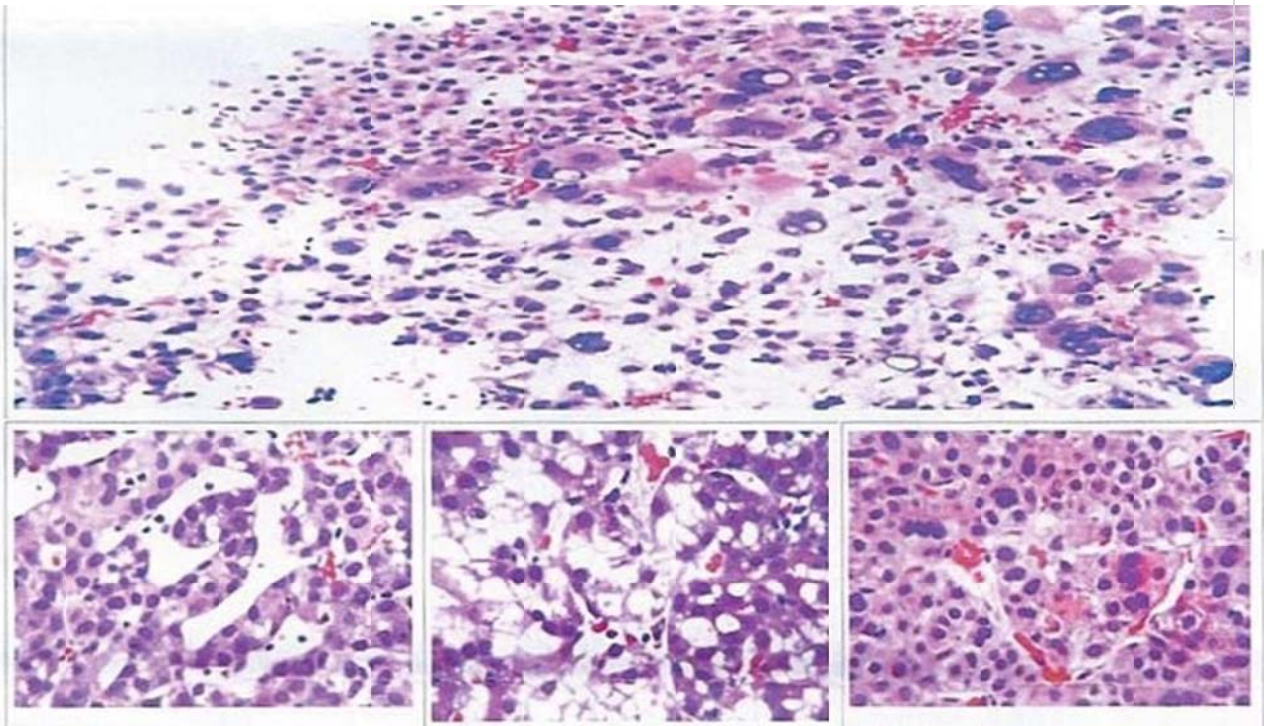
Attending physician: DR. SVEN KUESTERMANN

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#2. Neoplasm with formation of stacked hepatocytic trabeculae, pseudo glandular formations of short tubular type and pseudopapilar formations of cells with aspect of large and occasionally giant mono or binucleate hepatocytes with big ovoid nucleus and a thick and irregular nuclear membrane with lumpy and glass-like chromatin, prominent nucleoli or macronucleoli and giant inclusion-type nucleoli with abundant, eosinophilic, light or vacuoles cytoplasm. Frequent mitotic cells.



COMMENTS: # 1. The hepatic tissue shows cirrhosis with chronic viral hepatitis etiology characteristics, in this case being Hepatitis C virus which is interesting regarding the increase in the past years of hepatocarcinoma in the context of hepatitis C in developed countries.

#2. The observed neoplasm shows classic characteristics of hepatocarcinoma. No morphological classification is done as it does not correspond to particular types of less aggressive biology as is the case of the fibrolamellar variant and subclassifications do not alter clinical management which is based on clinical staging.

REFERENCE: Addissie 130 and Roberts LR. *Classification and staging of hepatocellular carcinoma: an aid to clinical decision-making*. Clin Liver Dis 19,277-294; 2015.

**DIAGNOSIS:** RIGHT HEPATIC LOBE (SEGMENT V):

#1. NON NEOPLASTIC PARENCHYMA: **EARLY STAGE POST-HEPATITIS C LIVER CIRRHOSIS**. See comment #1.

#2. **NEOPLASTIC LESION. HEPATOCARCINOMA**. See comment #2 and reference.

A handwritten signature in black ink, appearing to be 'M. Kirsh', is located at the bottom right of the page.