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## **Case Report**

# Sarcomatoid Liver Cancer: A Case Report

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## ABSTRACT

A 75-year-old male with type 2 diabetes mellitus, essential hypertension and alcoholic cirrhosis presented to the hospital with light-headedness, weight loss, melena, and abdominal discomfort. Computed tomography scan of abdomen/pelvis incidentally showed a 6.9 cm mass in the hepatic dome which was confirmed on magnetic resonance imaging (MRI). Biopsy diagnosed sarcomatoid liver cancer. This is a rare subtype with poor prognosis.

#### **Case Report**

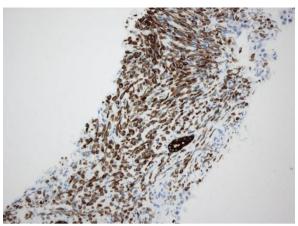
A 75-year-old male with type 2 diabetes mellitus, essential hypertension and alcoholic cirrhosis presented to the hospital with light-headedness, 40 lbs weight loss in 2 months, melena, and abdominal discomfort. Physical examination revealed generalized abdominal discomfort and a positive fluid wave. Laboratory tests were remarkable for haemoglobin of 6.7 and glucose of 528. Computed tomography scan of abdomen/pelvis (Figure 1) incidentally showed moderate to severe cirrhotic liver features and a low-attenuation area in the hepatic dome measuring 6.9 cm. Magnetic Resonance Imaging characterized it as an ill-defined 6.5 cm  $\times$  6.2 cm mass in the posterior right hepatic lobe. Paracentesis was negative for malignant cells. Ultrasound-guided liver biopsy showed an infiltrate of spindled cells with amphophilic cytoplasm (Figure 2), diagnosing sarcomatoid carcinoma of the liver. He was referred to an oncologist who recommended getting staging scans. © 2021 Mohammad Hassaan Khan. Hosting by Science Repository.



**Figure 1:** Irregular 6.9 cm mass (blue arrow) seen at hepatic dome in hepatic segment 7 on a non-contrast CT abdomen-pelvis, transverse section.

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**Figure 2:** Spindled cells with amphophilic cytoplasm, diffusely positive for cytokeratin 7 stain with a background of cirrhosis and ductular reaction (200X).

### Conclusion

Sarcomatoid carcinoma, also known as spindle cell carcinoma, metaplastic carcinoma, and pleomorphic carcinoma, is a malignant tumor with uncertain pathophysiology [1]. It is mostly found in the lungs, followed by the uterus and gastrointestinal tract [2]. This subtype is only present in 1.8-2% of surgically resected specimens [3]. The preferred treatment is surgical excision but is associated with a poor prognosis due to the high risk of recurrence and metastases.

#### Disclosure

I, Mohammad Hassaan Khan, am listed as the article guarantor and accept full responsibility for the study. All authors met the ICMJE criteria for authorship.

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Consent

None.

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