It’s not all cancer: Focal nodular hyperplasia of the liver in a 2 year old boy

Ma Mercedes M Tanchuling and Rouchelle D Dela Cruz
Philippine Children’s Medical Center, Philippines

Primary hepatic neoplasms are very rare in children, representing 0.5-2% of all pediatric tumors. Benign tumors of the liver are even rarer but can present like malignant tumors, lacking portal tracts and showing architectural distortion microscopically. Focal nodular hyperplasia (FNH) represents 0.02% of primary hepatic neoplasms in children. Here we review its epidemiology, pathophysiology and definitive histologic features. Treatment and prognosis will be mentioned as well. Ultimately, we aim to raise awareness of benign lesions as possible differential diagnosis for pediatric patients with an abdominal mass. Herein we describe the case of a 2 year old boy who presented with a year long history of an abdominal mass. The tumor was thought to be hepatoblastoma and was excised. Histopathological examination demonstrated focal nodular hyperplasia. The patient was discharged well after surgery. It is essential to distinguish whether one is dealing with a benign or a malignant process as prognosis and treatment greatly differ.

cedes_tanchuling@yahoo.com

Breast and axillary masses: Diagnostic method in comparison with results of pathology

Koorosh Ahmadi and Mojtaba Ahmadiannejad
Alborz University of Medical Sciences, Iran

Introduction: Breast and axillary masses are among the most prevalent breast diseases. In case of existence, analyzing them is necessary to reject their malignancy. The valuable diagnostic methods for this case are Fine-Needle Aspiration (FNA), Touch Print, Crush Print and Pathology. In this study, we studied the epidemiological and clinical features of the disease and compared the results of the first three methods with the results of pathology.

Methods & Materials: This study was conducted on 107 patients in Shohada Ashayer Hospital of Khorramabad, who were suffering from breast and axillary masses and included 111 samples of breast masses and 43 samples of axillary masses. The epidemiological and clinical features of the patients were collected using a questionnaire. The samples were collected during operations. The results of the methods of FNA, Touch Print and Crush Print were compared with the results of pathology after operation. The diagnostic values including sensitivity, specificity, negative predictive value (NPV), positive predictive value (PPV), positive mendacious percentage and negative mendacious percentage were estimated for the three methods.

Results: Comparing the diagnosis values of Touch Print and Crush Print with pathology for breast cancer showed sensitivity of 97.8%, specificity of 100%, positive predictive value of 100%, negative predictive value of 98.4%, positive mendacious percentage of 0% and negative mendacious percentage of 2.2% and for metastatic axillary lymph nodes, sensitivity of 90%, specificity of 95.6%, positive predictive value of 94.7%, negative predictive value of 91.6%, positive mendacious percentage of 4.4% and negative mendacious percentage of 10% were obtained. Comparison between the diagnosis values of FNA with pathology for breast cancer showed sensitivity, specificity, positive predictive value, negative predictive value, positive mendacious percentage and negative mendacious percentage to be 80.4%, 98%, 97.3%, 87.6%, 2%, and 19.6%, respectively and for metastatic axillary lymph nodes, they were 80%, 95.6%, 94.1%, 84.6%, 4.4% and 20%, respectively. Comparison between the diagnosis values of FNA with Touch Print and Crush Print for breast cancer reported sensitivity, specificity, positive predictive value, negative predictive value, positive mendacious percentage and negative mendacious percentage to be 82.2%, 89%, 97.3%, 89%, 1.6%, and 17.8%, respectively and for metastatic axillary lymph nodes they were 84.2%, 95.8%, 94.1%, 88.4%, 14.2% and 15.8%, respectively.

Conclusion: Benign fibroenoma and malignant ductal carcinoma were the most prevalent. Considering the importance of correct diagnosis values for breast cancer and metastatic axillary lymph nodes and the high sensitivity, specificity and positive predictive value of Touch Print and Crush Print, using these methods, compared with pathology, can decrease cost, time and a need for a second surgery and its complications.

dr.fariha06@yahoo.co.uk