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Letters to the Editor

Nodular lymphoid hyperplasia of the liver. Pseudolymphoma

Palabras clave: Hiperplasia nodular hepática. Pseudolinfoma.

Key words: Nodular lymphoid hyperplasia of the liver. Pseudolymphom.

Sr. Director:

Nodular lymphoid hyperplasia (NLH) of the liver, also named pseudo-lymphoma is a very infrequent disease with only 14 cases reported in the literature so far.

34-year-old female treated for hypothyroidism and on oral contraception because of menstrual irregular pattern. Past history of appendectomy and uterine mioma. A routine abdominal ultrasonogram revealed a lesion on the liver, segment VI. Blood test were normal. Alfa-fetoproteín- 1,8 U/ml, CEA-1,6 ng/ml, Ca 19,9- 11,7 U/ml. NMR depicted a nodular image with enhanced T2 signaling and peripheral intake after Gadolinium injection. Patient was operated-on and a segmental liver resection done (Fig. 1). Patient is in good condition after one year. Macroscopic examination of the specimen demonstrated a nodular lesion measuring 1.7 x 2,.1 x 2.3 cm sub-capsular on location, white and well defined (Fig. 2). On microscopy a well-defined nodule, non-encapsulated, with lymphocyte infiltration is observed. Peripherally mononuclear cells, macrophages and hyalinization were present. No hepatic sinosoids were observed. Mature plasma-cells are present Immuno-histochemestry showed B-lymphocyte predominance (CD20 and bcl-6 positive; bcl-2 negative) on follicles with T-lymphocites between (CD3 positive). Plasma-cells are positive for Kappa & Lambda cells in a 3:1 ratio.

Benign hepatic neoplasms are infrequent and mostly are hemangiomas, adenomas, nodular focal hyperplasia, inflammatory pseudo-tumor and so on. Among the most infrequent of all

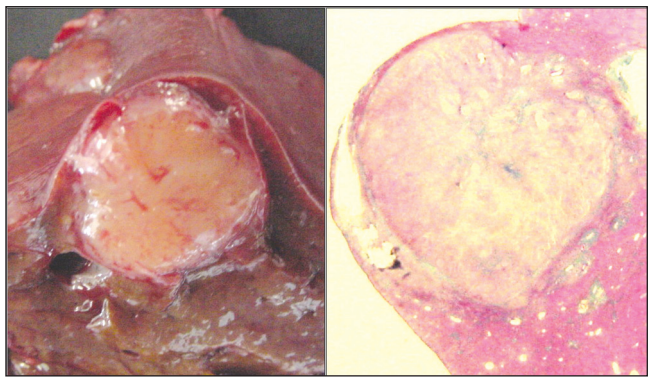

Fig. 1. Pieza de resección.

is the nodular lymphoid hyperplasia. This are usually asymptomatic and solitary and are discovered on routine examination. Rarely are larger than 2 cm in size and are well-defined. Diagnosis was done after surgical resection except in one case -

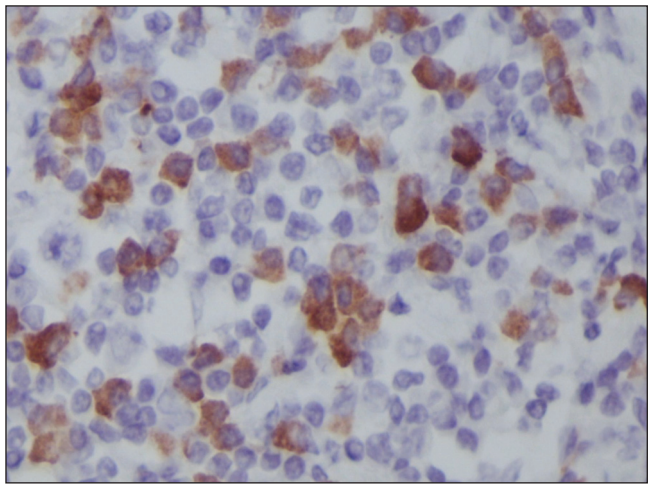

Fig. 2. Inmunohistoquimia bcl-6 +.

Schmmitz yel al (1) where CT needle guided showed policlonal estructure on immunohystochemestry and study of receptor de inmunoglobulins by PCR. Pathogenesis of NLH remains unknown but previous history of hepatitis, treatment with IFN-α or auto-immune disease may be of value and may explain its preponderance on female. Okubo et al. (2) suggest that it may be induced by some cytocine derangement. Nakabayashi et al. (3) because his patient suffered from Sjögren syndrome speculates on TGF-β1 action in the genesis of NLH mainly because the mice "knockout" for TGF-β1 shows a limphoproliferative syndrome similar to the one observed in salivary glands on Sjögren síndrome as well as the increase of RNAm by some cytocines: IFN-γ, IL-1, IL-6 and IL-10.

Differential diagnosis must be done mainly with hepatocarcinoma, mostly because of the hypervascularization observed in most of the patients with NLH. Microscopically a MALT-type lymphoma must be ruled-out (4). Immuno-histochemestry may show aberrant CD43 on B – lymphocites and monoclonal pattern demonstrable by immunoglobuling arrangement (5).

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