Ciliated Hepatic Foregut Cyst: A Case Report

Quisto Hepático Ciliado: Um Relato de Caso

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Ciliated hepatic foregut cysts (CHFC) are embryologically derived cystic lesions. Despite typically following a benign course, it remains important to include this entity in the differential diagnosis of atypical liver lesions due to the potential risk of transformation into squamous cell carcinoma.[1,2]

A 65-year-old patient was referred to the gastroenterology clinic with dyspeptic complaints. Upper gastrointestinal endoscopy was normal. Abdominal ultrasound revealed a solitary, unilocular, hypoechoic cyst in the left hepatic lobe. As these features are non-specific, a contrast-enhanced computed tomography (CT) scan was performed, showing a 47 × 24 mm cyst in segment IV with low attenuation and no enhancement. Laboratory tests, including liver function, were unremarkable. Contrast-enhanced abdominal magnetic resonance imaging (MRI) confirmed a cyst in segment IV without enhancement or diffusion restriction, raising suspicion of CHFC (Fig. 1).

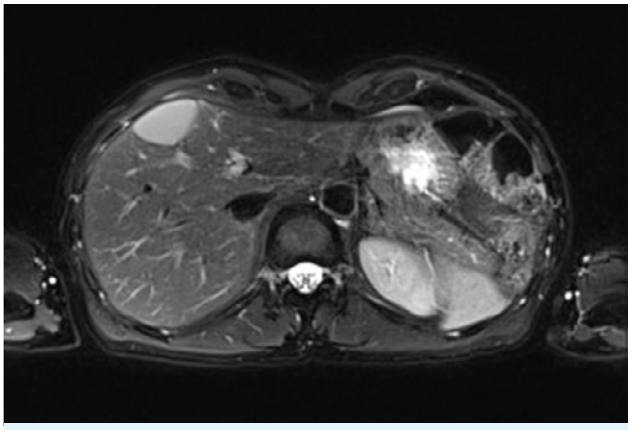

FIGURE 1. Transverse abdominal magnetic resonance imaging showing the ciliated hepatic cyst at the transition of segments IVa and Ivb (arrow), with an oval morphology, measuring 47 x 24 mm in its largest axial dimensions.

The case was discussed in a multidisciplinary meeting. Given diagnostic uncertainty, surgical resection was undertaken. Segment IV segmentectomy with cholecystectomy was performed uneventfully. His-

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topathology revealed a unilocular cyst lined by pseudostratified ciliated epithelium with goblet cells, surrounded by connective tissue capsule, consistent with CHFC (Fig. 2).

CHFC remains particularly rare, with approximately 100 cases reported in the literature.[2] CHFCs are usually located in segment IV of the liver and are small.[1] Histologically, they have four layers: ciliated pseudostratified columnar epithelium, connective tissue, smooth muscle, and a fibrous capsule.[3] They typically present as hypoechoic on ultrasound, hypodense on CT, and hyperintense on T2-weighted MRI, although findings may vary, making differential diagnosis broad.[2,4]

This lesion was likely incidental, as CHFCs are usually asymptomatic, although larger ones may cause discomfort or compression symptoms.[5] They are generally benign, but malignancy has been reported in 3%–5% of cases, particularly in larger lesions, and carries poor outcomes.[6] Tatsuhiro Kato *et al* proposed resection for lesions ≥3 cm or with atypical imaging, due to malignancy ris[k].[1]

In summary, CHFC is a rare entity that should be considered in the differential diagnosis of cystic liver lesions, given its malignant potential.

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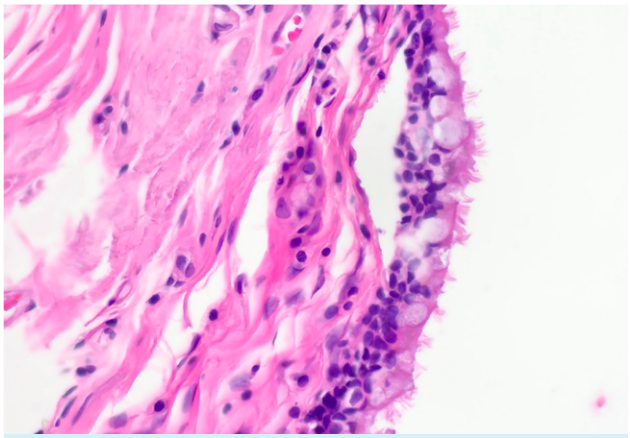

FIGURE 2. Higher magnification showing the lining of the cyst composed of pseudostratified cilliated epithelium, with interwined goblet cells. The Wall of the cyst is made up of fibrous tissue, without muscle. H&E

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