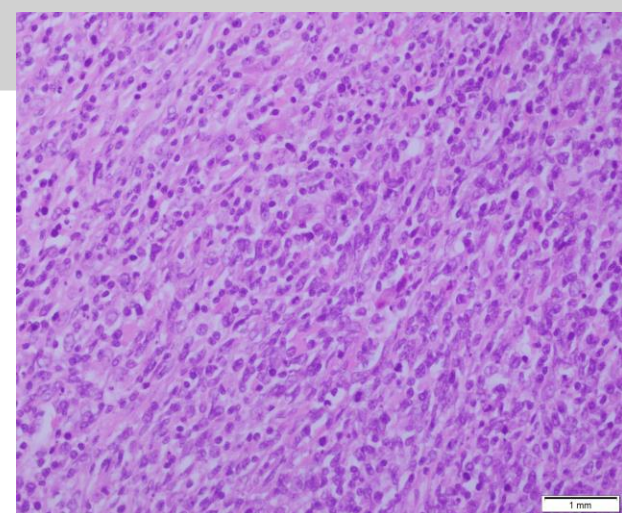
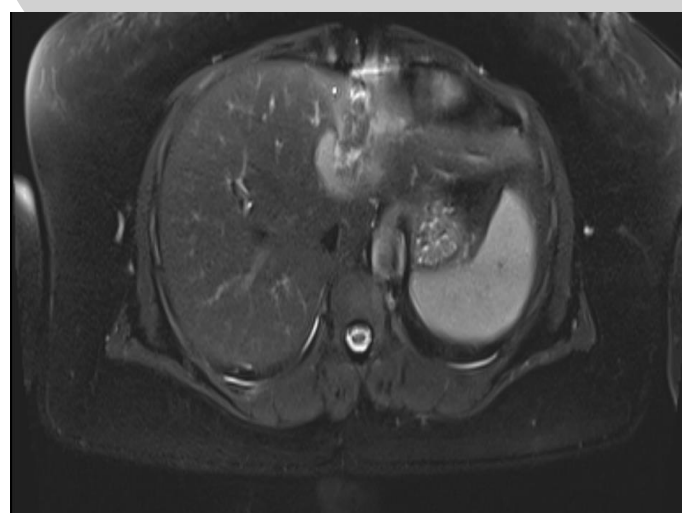


Introduction:

Primary hepatic lymphoma (PHL) is a rare extranodal non-Hodgkin lymphoma confined to the liver without lymph node, splenic, bone marrow, or peripheral blood involvement at presentation, accounting for <1% of extranodal NHL.^{1,3,4} Reported associations include hepatitis B/C, HIV, EBV, cirrhosis, and immunosuppression.²⁻⁴ Diffuse large B-cell lymphoma (DLBCL) is the most common histological subtype.^{1,2} Clinical presentation is nonspecific, AFP, CEA, and CA 19-9 are usually normal.^{1,4} PHL may be diagnosed only after surgical resection for a presumed primary hepatic malignancy.^{1,4} We present a case of primary hepatic DLBCL diagnosed postoperatively following left hepatectomy for a presumed malignant hepatic mass, highlighting the diagnostic challenges and management implications of this rare entity.

Case Report:

A 43-year-old diabetic female with a remote history of treated hepatitis C (interferon and ribavirin 25 years earlier) presented with 2 months of right hypochondrial pain radiating to the back and occasional epigastric burning. There was no clinical evidence of chronic liver disease. Laboratory investigations showed normal liver function and blood counts, with undetectable HCV RNA. Tumor markers were unremarkable (AFP 3.5, CA 19-9 <1.2, PIVKA-II 30). Triphasic CT and MRI demonstrated a 5-cm predominantly necrotic mass involving segments II, III and IVa, with peripheral enhancement, restricted diffusion, capsular retraction, and mild intrahepatic biliary dilatation, radiologically favoring intrahepatic cholangiocarcinoma. Two separate biopsies showed benign findings. As per MDT recommendations, patient underwent staging laparoscopy followed by open left hepatectomy and cholecystectomy. Intraoperatively, suspicious right-lobe nodules were biopsied and found negative on frozen section; there was no ascites, peritoneal, omental, or visceral disease. Histopathology unexpectedly revealed diffuse large B-cell lymphoma (DLBCL) with clear surgical margins. Postoperative PET scan demonstrated hepatic lymphoma without evidence of extrahepatic disease, confirming the diagnosis of primary hepatic lymphoma (PHL).



Discussion:

Primary hepatic lymphoma is a rare but potentially chemosensitive malignancy that frequently mimics more common hepatic tumors. In many reported cases, including ours, DLBCL was diagnosed only after surgical resection, highlighting the limitations of pre-op assessment.^{1,4} The nonspecific presentation and overlapping imaging findings contribute to diagnostic uncertainty, while elevated LDH with normal tumor markers may provide a clue but is neither sensitive nor specific.¹⁻⁴ Early tissue diagnosis is therefore important to establish the diagnosis and avoid unnecessary major hepatic resection.

Conclusion: Primary hepatic diffuse large B-cell lymphoma is a rare but important mimic of hepatocellular carcinoma, cholangiocarcinoma, and other space-occupying hepatic lesions, maintaining a high index of suspicion and a low threshold for biopsy before major hepatic resection is essential to avoid unnecessary surgery and to allow timely, appropriate systemic treatment.

References:

1. Resende V, Oliveira TS, Gomes RT, Laboissière RS, Tavares-Junior WC, de Melo Couto OF. Primary hepatic lymphoma: a case report. *Int J Surg Case Rep*. 2013;4(12):1165-1168.
2. Jiang M, Jiang S, Yang Y, Yao R, Hu M. Primary hepatic lymphoma: a case report and literature review. *Medicine (Baltimore)*. 2023;102(50):e36688.
3. Bourhafour M, Wafae A, Hind M, Hassan E. Primary liver lymphoma: a case report and literature review. *J Cancer Ther*. 2011;2(5):725-727.
4. Mehta N, Jayapal L, Goneppanavar M, Ramakrishnaiah VPN. Primary hepatic lymphoma: a rare case report. *JGH Open*. 2019;3(3):261-263.

