Clinical Aspects of Liver Diseases

37 Malignant liver tumours

37 Malignant liver tumours

1 Historical review

► C. A. Rokitansky (1849) was probably the first author to refer to primary liver carcinoma as an independent disease. Until then, the problem had been to accept the existence of both primary and secondary (metastatic) liver tumours and to differentiate between them histologically. • In 1854 E. Noeggerath described a congenital hepatic carcinoma as being a mechanical obstetric obstacle. In 1859 T. Billroth reported the presence of hepatic metastases from a cylindroma. A. Kelsch and B. L. Kliener presented the first case reports of a primary liver tumour in 1876. C. Sabourin (1881) made significant histological progress by differentiating between hepatocellular and cholangiocellular carcinomas. He reported on four more patients suffering from primary hepatic carcinoma and coined the term "hepatoma". J. A. P. Price (1883) described the development of carcinoma from cirrhosis, which led to the introduction of the term *"cirrhosis hepatis carcinomatosa"*. V. C. Hanot et al. (1888) attempted to differentiate liver tumours according to macroscopic and microscopic criteria. • H. Eggel (1901) confirmed the association between cirrhosis and liver carcinoma, actually finding cirrhosis in 85% of all liver carcinomas. He distinguished carcinomas according to nodular, massive or diffuse growth, evaluating all cases that had been published since 1865. (5) Primary cystadenocarcinoma of the liver was differentiated for the first time in 1909 (P. Bascho). To our knowledge, the first right-sided lobectomy for hepatic carcinoma was carried out in 1911 (W. Wendel). • In 1932 T. Yoshida succeeded in creating a hepatocellular carcinoma in animal experiments by using o-amidoazotoluol: this marks the beginning of the search for chemotoxicological causes. M. M. Steiner (1938) wrote a detailed report on primary liver carcinoma in children. (239) L. Lisa et al. (1942) observed that metastases were rarely found in a cirrhotic liver. In 1952 C. Berman presented an overview of about 2,000 cases of primary liver cell carcinoma which had been reported up to that time. • In 1950 G. M. Findlay postulated an association with chronic viral hepatitis, which he had detected in his epidemiologic examination of soldiers stationed in regions south of the Sahara desert, a finding that was also reported by M. Payet et al. in 1956. This supposition was confirmed when the hepatitis B virus was discovered (J. B. Smith et al., 1965; S. Sherlock et al., 1970). (4, 13, 151)

2 Classification

2.1 Systematization

Malignant liver tumours may be grouped as follows: (*1.*) primary forms, i. e. originating in the liver (s. figs. 29.14; 30.2; 37.1, 37.7, 37.8), (*2.*) secondary forms, i. e. arising from metastases (s. figs. 37.2, 37.16, 37.17, 37.21, 37.28–30), and (*3.*) extrahepatic tumours infiltrating the liver from the outside (e. g. gall-bladder carcinoma). (s. fig. 37.3)

Primary liver tumours originate in principle from all histogenetic cell elements found in the liver: hepatocytes, bile-duct epithelia, periductal biliary glands, neuroendocrine cells and mesodermal structures (such as endothelial cells, Ito cells, Kupffer cells) as well as fibroblasts, nerve cells and muscle cells. However, they may also occur as mixed forms. In rare cases, ectopic tissue in the liver may be the starting point for malignant tumours. (s. tab. 37.1)

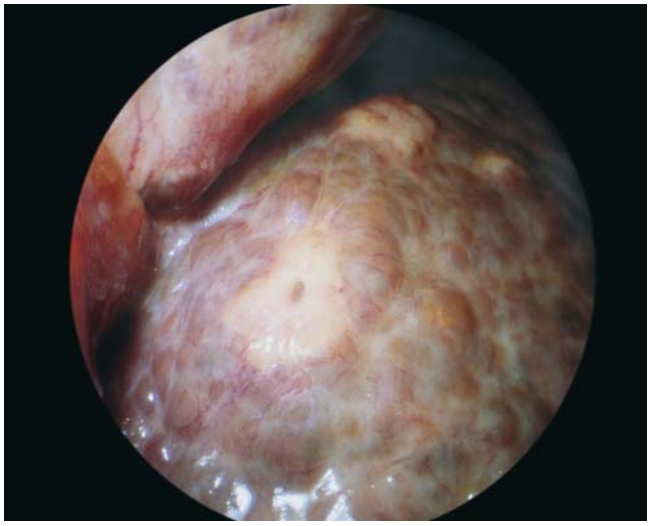

Fig. 37.1: Grey-coloured, medium-coarse tubercular cirrhosis in haemochromatosis with hepatocellular carcinoma: in the foreground, white, flat tumour granuloma of the right hepatic lobe with vascularization at the tumour margin and small "cancer umbilicus"; in the background, two additional tumour granulomas. Carcinomas infiltrating the peritoneal serosa in the right upper abdomen

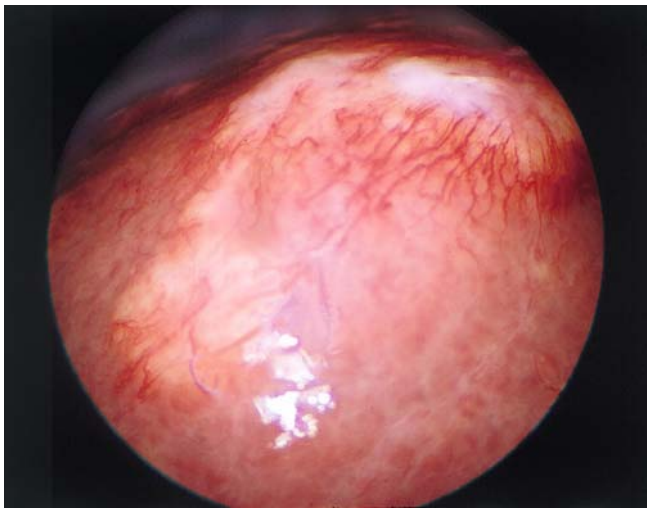

Fig. 37.2: Liver metastases in the right hepatic lobe in breast cancer with pronounced chaotic vascularization. Dissipated light reflex due to tumourous tubercles on the surface

Primary liver tumours can be categorized according to macroscopic criteria. The solitary coarse-granulomatous type is predominantly found in the right lobe, while the nodular multi-granulomatous type is most common in cirrhosis. The diffuse infiltrative type is relatively rare