

Clinical Image

Ectopic Intrathoracic Liver Tissue[☆]

Tejido hepático ectópico intratorácico

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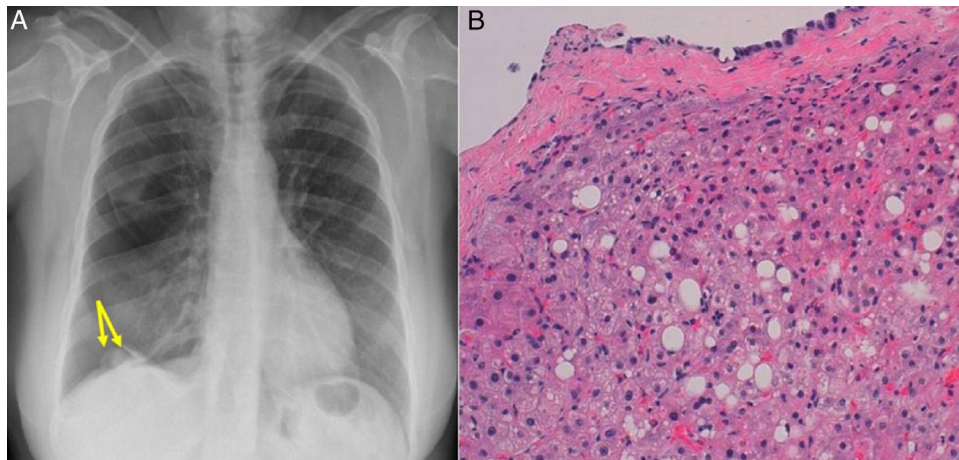


Figure 1. (A) Chest X-ray showing two right supradiaphragmatic nodules (arrows). (B) Hepatic tissue with mild steatosis, immersed in a fibroconnective tissue coated with mesothelial cellularity (diaphragmatic parietal pleura) (H&E 20 \times).

During the examination of a 46-year-old woman for a second episode of right spontaneous pneumothorax, two right supradiaphragmatic nodules were observed on chest X-ray (Fig. 1A). Thoracoscopy was performed for resection of the apical emphysema, during which the non-friable nodules located in the central tendon of the right hemidiaphragm were biopsied. They were of whitish appearance, well-defined, covered with parietal pleura, and measured less than 2 cm. Pathology findings reported liver tissue with mild steatosis, immersed in a fibroconnective tissue coated with mesothelial cellularity (diaphragmatic parietal pleura) (Fig. 1B).

Ectopic liver tissue occurs at an incidence of less than 0.5% and is detected as a chance finding from small pleural or subpleural

nodules on a chest X-ray performed for another reason. Histopathologic confirmation is required for a definitive diagnosis.

Ectopic liver tissue behaves like normal liver tissue and, as such, may be affected by liver viruses, fatty degeneration, cirrhosis, hemosiderosis, or metastatic implants¹; however, the absence of a complete vascular and ductal system, makes them more prone to developing hepatocellular carcinoma.²

References

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