15ª Jornada Científica y de Gestión
19, 20 y 21 de Octubre
ALTA COMPLEJIDAD EN RED
Hospital El Cruce
humanizado
Dr. Néstor Carlos Kirchner

NEOPLASIAS QUÍSTICAS HEPÁTICAS: EXPERIENCIA EN UN CENTRO DE ALTO VOLUMEN

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Hospital de Alta Complejidad en Red "El Cruce" | Florencio Varela, Buenos Aires

INTRODUCCIÓN

- Las **neoplasias quísticas hepáticas** con epitelio biliar y productoras de mucina

tradicionalmente se denominaban *cistoadenomas* o *cistoadenocarcinomas* mucinosos

en función del grado de agresividad[1,2].

- En el 2010, la OMS[3] reclasifica las **NQH** de la siguiente forma:
  - NEOPLASIA PAPILAR INTRADUCTAL BILIAR **(NPIB)**
  - NEOPLASIA MUCINOSA QUÍSTICA **(NMQ)**

1. *Edmondson HA. Tumors of the liver and intrahepatic bile ducts. En: Atlas of tumor pathology, fasc. 25, first series. Washington, DC: Armed Forces Institute of Pathology;. 1958.*
2. *Bakoyiannis A, Delis S, Triantopoulou C, Dervenis CAT Rare cystic liver lesions: A diagnostic and managing challenge. World J Gastroenterol. 2013;19:7603–19.*
3. *Bosman FT, Carneiro F, Hruban RH, Theise ND editores. World Health Organization Classification of tumours pathology and genetics of tumours of the digestive system. Lyon, Francia: IARC Press; 2010:36–238.*

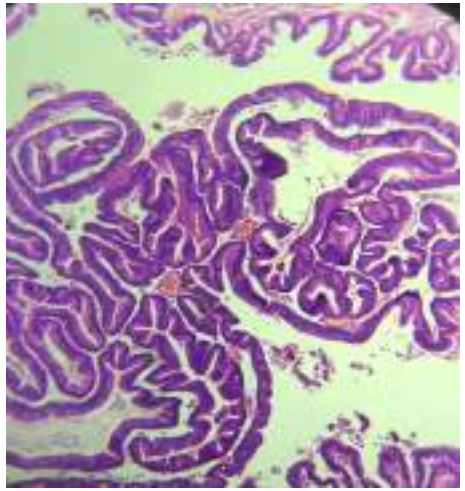
INTRODUCCIÓN

NEOPLASIA PAPILAR INTRADUCTAL BILIAR **(NPIB)**

4 subtipos (<u>pancreatobiliar,</u> intestinal, gástrico y oncocítico)

Según su grado de displasia y profundidad se clasifican en:

1. *NPIB con displasia leve-moderada*
2. *NPIB con diplasia de alto grado*
3. *Colangiocarcinoma intraductal T1 AJCC 8th*
4. *Colangiocarcinoma intraductal ≥ T2 AJCC 8th*



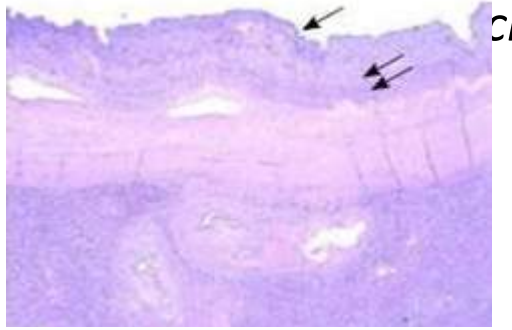
Pierini et al. Neoplasia papilar intraductal de la vía biliar. Cir. Urug. 2022 Jul

NEOPLASIA MUCINOSA QUÍSTICA **(NMQ)**

No muestran comunicación con la vía biliar + tejido ovárico ectópico

Según su grado de displasia y profundidad se clasifican en:

1. *Displasia leve-moderada*
2. *Displasia de alto grado*
3. *Carcinoma invasor*



Bravo-Taxa et al. Rev. Gastro Perú 2021

3. Bosman FT, Carneiro F, Hruban RH, Theise ND editores. World Health Organization Classification of tumours pathology and genetics of tumours of the digestive system. Lyon, Francia: IARC Press; 2010:36–238.

INTRODUCCIÓN

- Representan el 5% de las lesiones quísticas hepáticas no parasitarias;
- **Mujeres** de **edad media**;

→ **QUISTE SIMPLE**
QUISTE HIDATÍDICO GHARBI I o CL/CE1 (OMS)

- 2 formas de presentación:
  - **Asintomática o incidental** (más frecuente),
  - **Sintomática:** dolor abdominal, masa palpable, sensación de plenitud o síntomas

obstructivos[4]

4. *Martınez-Gonzalez J, Aicart-Ramos M, Moreira V. Cistoadenoma hepatico. Med Clin (Barc). 2013;140:520–2.*

OBJETIVO

<<Analizar una serie de casos operados en nuestro centro con diagnóstico anatomopatológico

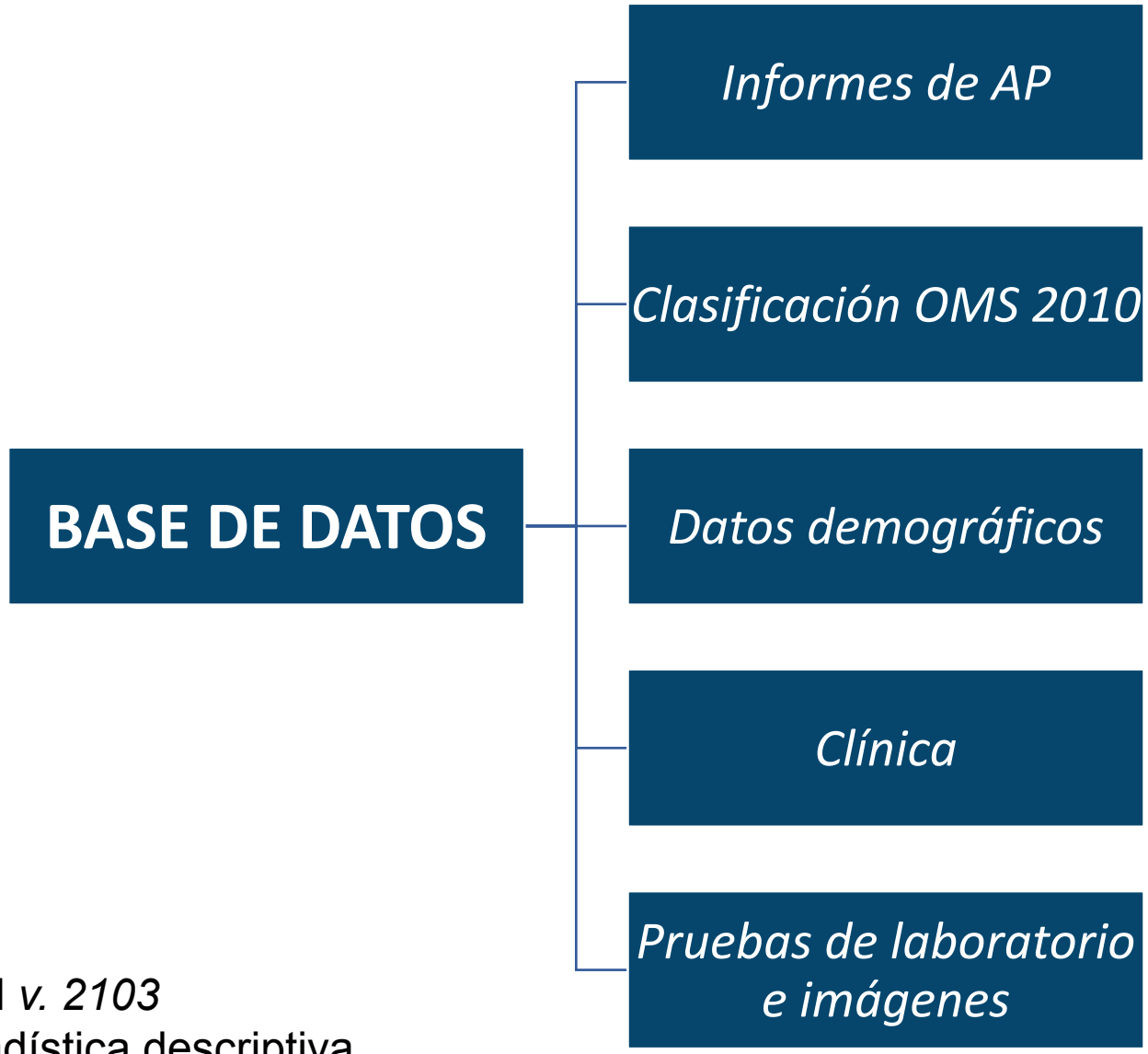
de NQH y describir la sintomatología, diagnóstico y tratamiento.>>

MATERIALES y MÉTODOS

Estudio **descriptivo**, **retrospectivo**

Se incluyeron las **NQH** operadas entre enero de 2015 y mayo de 2022.

MATERIALES y MÉTODOS



La **indicación quirúrgica** se estableció ante la *presencia de una lesión quística que no cumplía los criterios radiológicos de QUISTE SIMPLE, PARASITARIO ni de absceso hepático*.

El objetivo fue la resección completa de la lesión.

TODOS DISCUTIDOS EN COMITÉ MULTIDISCIPLINARIO

Microsoft Excel *v. 2103*
Medidas de estadística descriptiva

RESULTADOS

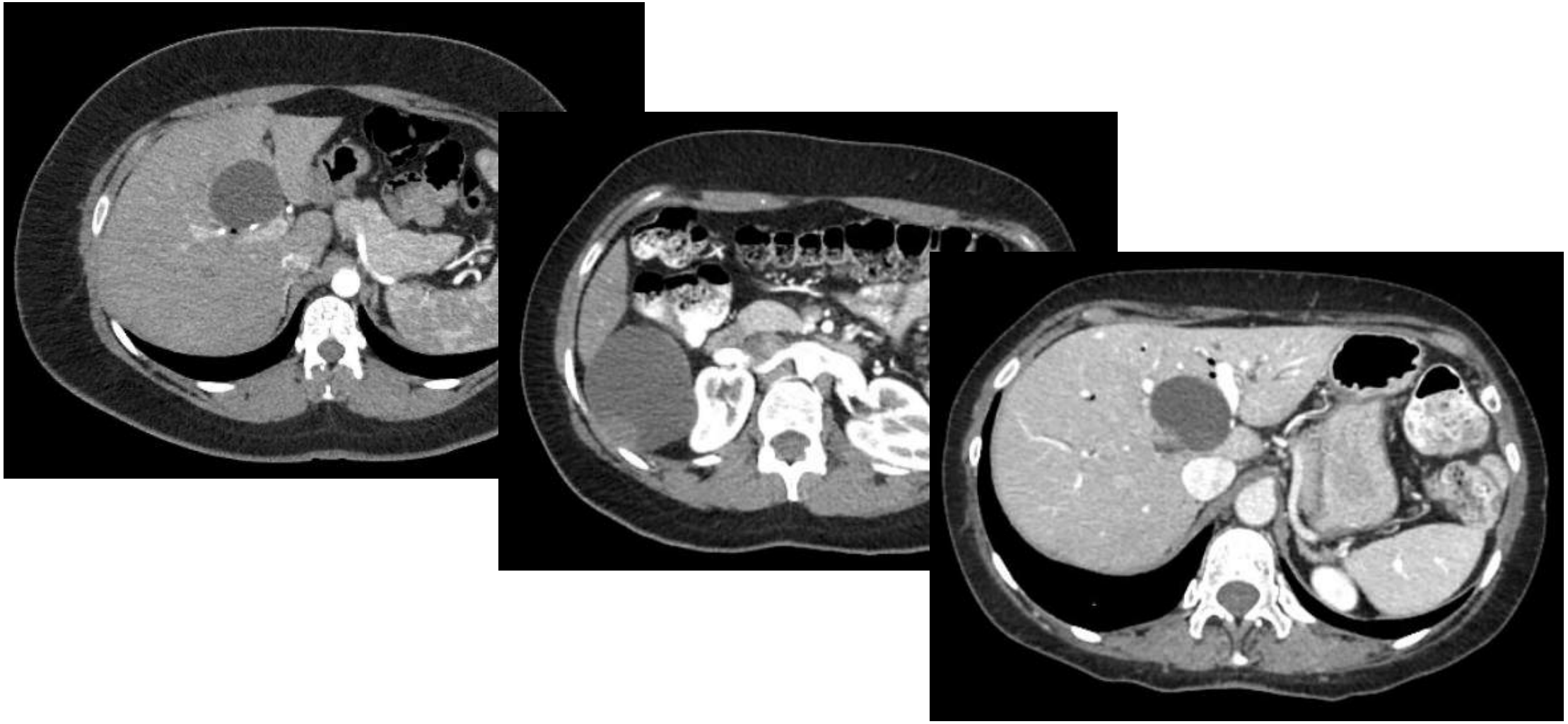
Edad	Sexo	Clínica	Pruebas de imagen	Tamaño (mm)	Localización	Diagnóstico radiológico	CA 19-9 y ELISA *E. g*
28	Mujer	Ictericia, dolor	TC/RMN	48 x 44	IV-V	Quiste hidatidico	Normal
25	Mujer	Dolor	TC	68 x 60	VI	Quiste hidatidico	Normal
29	Mujer	Dolor	TC/RMN	70 x 82	III-IV-V	Quiste hidatidico	Normal
69	Mujer	Dolor	TC/RMN	52 x 56	II - III	**Quiste simple***	Normal
61	Mujer	Ictericia	TC/RMN	35 x 30	IV	NQH	Normal

La edad promedio fue de 42.4 ± 20.88 años (r 25-69)

TODOS DERIVADOS CON ECOGRAFÍA ABDOMINAL

Prevalencia en nuestro centro fue de 2.15% (5 casos en 232 hepatectomías).

RESULTADOS



RESULTADOS

Cirugía	Abordaje	Clavien-Dindo	Tratamiento posterior
Segmentectomía IV	Laparotomía	No	No
Segmentectomia VI	Laparoscopía	No	No
Hepatectomía central IV-V-VIII	Laparoscopía	No	No
Seccionectomía lateral izquierda (II-III)	Laparotomía	IIIa	No
Hepatectomia izquierda	Laparotomía	IIIa	No

En ningún caso se realizó biopsia intraoperatoria de los márgenes quirúrgicos

RESULTADOS

OMS 2000	OMS 2010	Comunicación biliar	Estroma ovárico	Recidiva	Sobrevida (meses)	Estado actual
Cistoadenoma	NMQ	Si	Si	No	40	Vivo
Cistoadenoma	NMQ + displasia bajo grado	No	Si	No	44	Vivo
Cistoadenoma	NMQ	No	Si	No	32	Vivo
Cistoadenoma	NMQ	Si	Si	No	11	Vivo
Cistoadenocarcinoma	NPIB + carcinoma invasor	Si	No	No	9	Vivo

Mediana de seguimiento: 27 meses (ecografía o TC a los 6 y 12 meses)

DISCUSIÓN

Comparative Study > Eur J Gastroenterol Hepatol. 2010 Aug;22(8):989-96.
doi: 10.1097/MEG.0b013e328337c971.

Appropriate diagnosis of biliary cystic tumors: comparison with atypical hepatic simple cysts

Jeong Kyun Seo [1], Su Hyun Kim, Sang Hyub Lee, Joo Kyung Park, Sang Myung Woo, Ji Bong Jeong, Jin-Hyeok Hwang, Ji Kon Ryu, Jin-Wook Kim, Sook-Hyang Jeong, Yong-Tae Kim, Yong Bum Yoon, Kuhn Uk Lee, Se Hyung Kim, Min A Kim

Affiliations + expand

PMID: 20300006 DOI: 10.1097/MEG.0b013e3

ANALÍTICA SANGUÍNEA GENERALMENTE DENTRO DE LA NORMALIDAD

(Puede haber casos que cursan con elevación de transaminasas, bilirrubina, gammaglutamil transferasa y fosfatasa alcalina)

NO PERMITEN DIFERENCIAR ETIOLOGÍA

DISCUSIÓN

World J. Surg. 25, 10–14, 2001
DOI: 10.1007/s002680020002

WORLD
Journal of
SURGERY

Laboratory Diagnosis of Cystic Hydatic Disease

Marie-France Biava, M.C.U.-P.H., Anne Dao, M.D., A.H.U., Bernard Fortier, M.D., P.U.-P.H.

Service de Parasitologie-Mycologie, Hôpital de Brabois, CHU de Nancy, 54511 Vandoeuvre les Nancy Cedex, France

Published Online: December 18, 2000

El análisis sérico y en el líquido quístico del CA 19-9 y el CEA es controvertido. Su sensibilidad y especificidad no son suficientemente altas

DISCUSIÓN

› Turk J Gastroenterol. 2016 May;27(3):252-6. doi: 10.5152/tjg.2016.15447.

Intrahepatic biliary cystadenoma-diagnosis and treatment options

Vladislav Treska [1], Jiri Ferda, Ondrej Daum, Vaclav Liska, Tomas Skalicky, Jan Bruha

Affiliations + expand

PMID: 27210781 DOI: 10.5152/tjg.2016.15447

Free article

Un incremento de los marcadores tumorales durante el seguimiento del paciente podría ser un indicador de transformación maligna o de recidiva en casos de resecciones incompletas

DISCUSIÓN

ALTA COMPLEJIDAD EN RED
Hospital El Cruce

ORIGINAL ARTICLE

Differential Diagnosis for Intrahepatic Biliary Cystadenoma and Hepatic Simple Cyst

Significance of Cystic Fluid Analysis and Radiologic Findings

Hyo Kyung Choi, MD, Jong Kyun Lee, MD, PhD,* Kwang Hyuck Lee, MD,* Kyu Taek Lee, MD, PhD,* Jong Chul Rhee, MD, PhD,* Kap Hyun Kim, MD,* Kee-Taek Jang, MD, PhD,† Seong Hyun Kim, MD,‡ and Yulri Park, MD‡*

PAAF del quiste es poco específica y, en ocasiones, se ha relacionado con diseminación pleural y peritoneal, por lo que no se recomienda

DISCUSIÓN

Case Reports > Ann Hepatol. 2016 May-Jun;15(3):448-52. doi: 10.5604/16652681.1198825.

Rare biliary cystic tumors: a case series of biliary cystadenomas and cystadenocarcinoma

Abhirup Banerjee [1], Sudeep R Shah [1], Abhiyutthan Singh [1], Anand Joshi [2], Devendra Desai [2]

Affiliations + expand

PMID: 27049501 DOI: 10.5604/16652681.1198825

Free article

Case Reports > BMJ Case Rep. 2019 Jan 10;12(1):bcr-2018-227063.
doi: 10.1136/bcr-2018-227063.

Mucinous cystic neoplasm of the liver with biliary communication: an exception to the current classification

Santhosh Anand [1], Sandip Chandrasekar [1], Kalayarasan Raja [1], Biju Pottakkat [1]

Affiliations + expand

PMID: 30635308 PMCID: PMC6340565 DOI: 10.1136/bcr-2018-227063

Free PMC article

Factores de riesgo que nos pueden hacer sospechar de un comportamiento maligno :

- **edad,**
- **sexo masculino,**
- **síntomas de poco tiempo de evolución,**
- **tamaño tumoral,**
- **presentación en hígado derecho**
- **nódulos murales, paredes irregulares y septos engrosados.**

DISCUSIÓN

Histopathology

Histopathology 2014, **65**, 164–173. DOI: 10.1111/his.12378

Intraductal papillary neoplasms and mucinous cystic neoplasms of the hepatobiliary system: demographic differences between Asian and Western populations, and comparison with pancreatic counterparts

Yoh Zen, Kee-Taek Jang,[1] Soomin Ahn,[1] Dong Hun Kim,[2] Dong Wook Choi,[2] Seong Ho Choi,[2] Jin Seok Heo[2] & Matthew M Yeh[3]

Histopathology Section, Institute of Liver Studies, King's College Hospital, London, UK, [1]Department of Pathology, Samsung Medical Centre, Sungkyunkwan University School of Medicine, Seoul, Korea, [2]Department of Surgery, Samsung Medical Centre, Sungkyunkwan University School of Medicine, Seoul, Korea, and [3]Department of Pathology, University of Washington School of Medicine, Seattle, WA, USA

Date of submission 3 September 2013
Accepted for publication 18 January 2014
Published online *Article Accepted* 23 January 2014

- **29 casos de NMQ y 12 de NPIB**
- **Multicéntrico, 20 años.**
- **NMQ eran tumores más grandes, con presencia de quistes multiloculares septados o apariencia de quiste dentro de otro quiste**
- **NPIB con presencia de nódulos papilares intramurales**

DISCUSIÓN

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Cystadenoma and Cystadenocarcinoma of the Liver: A Single Center Experience

David P Vogt, MD, FACS, J Michael Henderson, MD, FRCS, Elaine Chmielewski, RN

BACKGROUND: Biliary cystadenomas and cystadenocarcinomas comprise 5% of cystic lesions in the liver. Cystadenomas are often incorrectly diagnosed as simple cysts, which results in inadequate therapy. Recurrence and possible malignant transformation are consequences of incomplete excision. Cystadenocarcinomas are very rare tumors that are felt to be biologically indolent.

STUDY DESIGN: A retrospective review of 18 cystadenomas and 4 cystadenocarcinomas treated at the Cleveland Clinic from July 1985 to November 2002.

RESULTS: All 18 patients with cystadenomas were women; mean age was 48 years. The majority (16 of 18) were symptomatic. Preoperative CT scans demonstrated cyst(s) with septations in all patients. Fifty-five percent had undergone prior intervention(s) to treat the cyst. Thirteen patients had complete excision of the cystadenoma, either by enucleation or liver resection. None of the patients developed recurrent cystadenomas (mean followup 37 months). Of 4 patients with cystadenocarcinoma, 3 were women; mean age was 60 years. All were symptomatic. Preoperative CT scans demonstrated masses with both cystic and solid components. No patient had undergone prior intervention. All had a liver resection. Two patients died of metastatic disease at 6 and 12 months, respectively. One patient is alive and disease-free at 16 years; 1 is alive with metastatic disease 10 years after the liver resection.

CONCLUSIONS: Cystadenomas are uncommon tumors that are often incorrectly diagnosed as simple cysts. Preoperative imaging that demonstrates the presence of internal septations highly suggests the diagnosis of cystadenoma. Intraoperative biopsy and frozen section(s) are essential, although they are not 100% accurate. Cystadenomas require complete excision to prevent recurrence and the possibility of malignant transformation. Cystadenocarcinomas are very rare. Despite complete resection, cystadenocarcinomas can recur in a short period of time. The biologic behavior of these tumors can vary widely. (J Am Coll Surg 2005;200:727–733. © 2005 by the American College of Surgeons)

- **El tratamiento de elección es la resección quirúrgica completa**
- **No se evidenció mayor tasa de recidiva con el abordaje laparoscópico**
- **Biopsia intraoperatoria es controversial**

DISCUSIÓN

RESEARCH ARTICLE Open Access

Intrahepatic biliary mucinous cystic neoplasms: clinicoradiological characteristics and surgical results

Chao-Wei Lee[1,2], Hsin-I Tsai[3], Yann-Sheng Lin[1], Tsung-Han Wu[1], Ming-Chin Yu[1,2*] and Miin-Fu Chen[1,2]

Abstract

Background: Intrahepatic biliary mucinous cystic neoplasms are rare hepatic tumors and account for less than 5% of intrahepatic cystic lesions. Accurate preoperative diagnosis is difficult and the outcome differs among various treatment modalities.The aim of this study is to investigate the clinico-radiological characteristics of intrahepatic biliary mucinous cystic neoplasms and to establish eligible diagnostic and treatment suggestions.

Methods: Nineteen patients with intrahepatic biliary cystadenomas and two patients with biliary cystadenocarcinomas were retrospectively reviewed. Their clinico-radiological variables and survival outcome were analyzed.

Results: Of the 19 patients with biliary cystadenoma, 16 (84.2 %) were female. 11 (57.9 %) patients had symptoms before operation with the most common presenting symptom being abdominal pain. Among the patients with available data, serum and cystic fluid CA 19–9 levels were invariably elevated and the CA 19–9 level in the cystic fluid was significantly higher than that in the serum. Loculations (84.2 %) and septations (63.2 %) were the most common radiologic findings. For treatment, 11 (57.9 %) patients received radical resection by either enucleation or hepatic resection, while the remaining 8 (42.1 %) patients underwent only fenestration of liver cysts. Radical resection provided a significantly better clinical outcome than fenestration in terms of tumor recurrence ($p = 0.018$). The only two male patients with biliary cystadenocarcinoma received radical hepatic resection and achieved a disease-free survival of 16.5 months and 33 months, respectively.

Conclusion: Intrahepatic biliary mucinous cystic neoplasms are rare and preoperative diagnosis is difficult. Internal septations and loculations on radiologic examinations should raise some suspicion of this diagnosis. Complete tumor excision is the standard treatment that may provide patients with better long term results after the operation.

Keywords: Cystadenoma, Cystadenocarcinoma, Biliary cystic neoplasms

- **NO SE RECOMIENDAN TRATAMIENTOS NO RADICALES**
  - Aspiración percutánea
  - Esclerosis
  - Etanolización
  - Marsupialización
  - Destechamiento

DISCUSIÓN

Clinics and Research in Hepatology and Gastroenterology (2011) 35, 408–413

ELSEVIER MASSON

Available online at ScienceDirect www.sciencedirect.com

Elsevier Masson France EM|consulte www.em-consulte.com/en

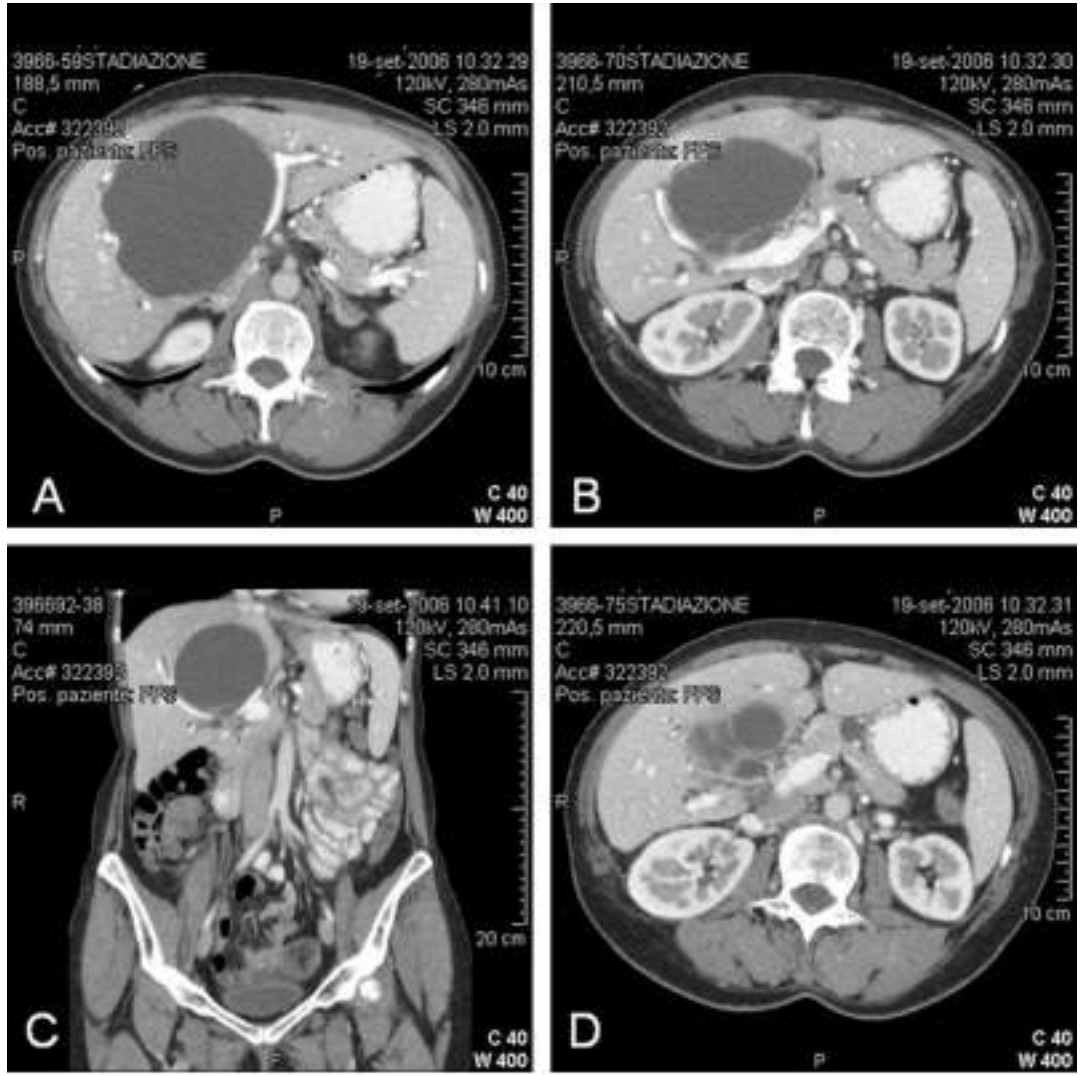
CLINICAL CHALLENGE

Liver transplantation for symptomatic centrohepatic biliary cystadenoma

Renato Romagnoli, Damiano Patrono, Gianluca Paraluppi, Ezio David, Francesco Tandoi, Paolo Strignano, Francesco Lupo, Mauro Salizzoni*

General Surgery 8 and Liver Transplantation Center, University of Turin, AOU San Giovanni Battista, Corso Bramante 88, 10126 Turin, Italy

Available online 6 May 2011



CONCLUSIÓN

1. Tumores **infrecuentes**
2. Plantean un **desafío diagnóstico**
3. La **cirugía radical** es el tratamiento de elección
4. **Evitar progresión y recidiva**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