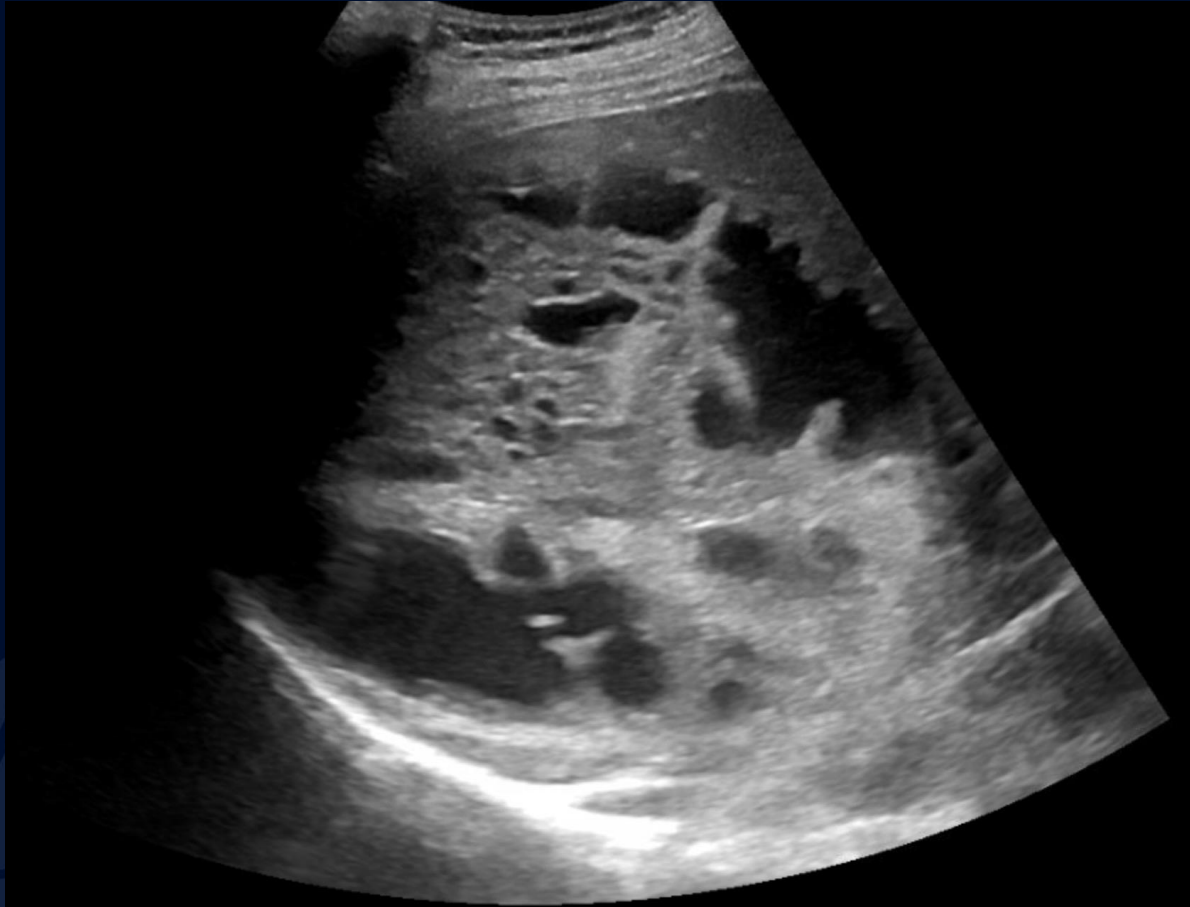


75-year-old man with 3-week history of episodic abdominal pain radiating to back

Emma Kryzanski, MS3

Ultrasound



LONG LIVER |

CT IV Contrast

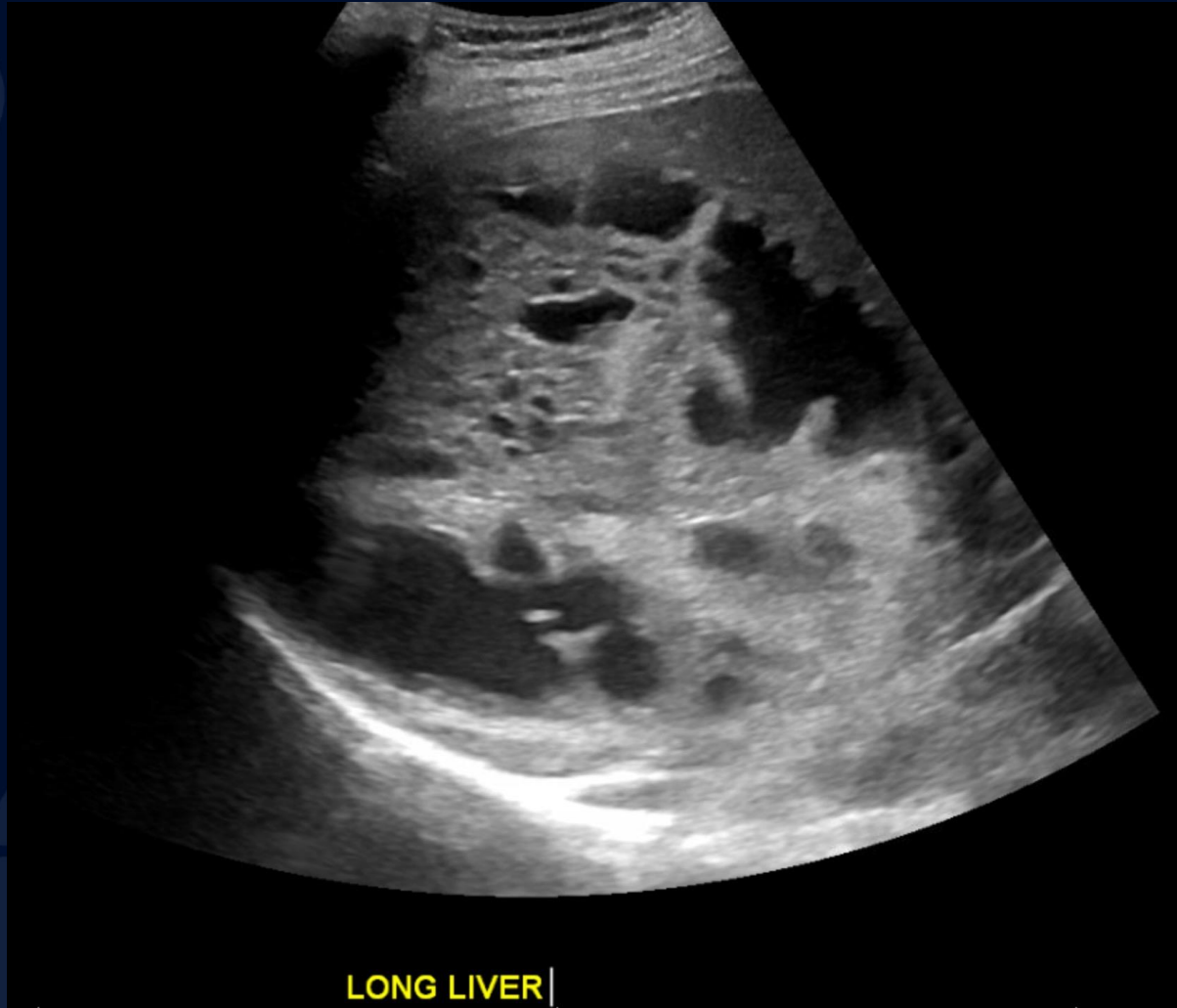


A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

?

Intrahepatic Cholangiocarcinoma

Ultrasound



Complex
heterogeneous
cystic mass with
septations

CT IV Contrast

Hypointense mass without peripheral enhancement

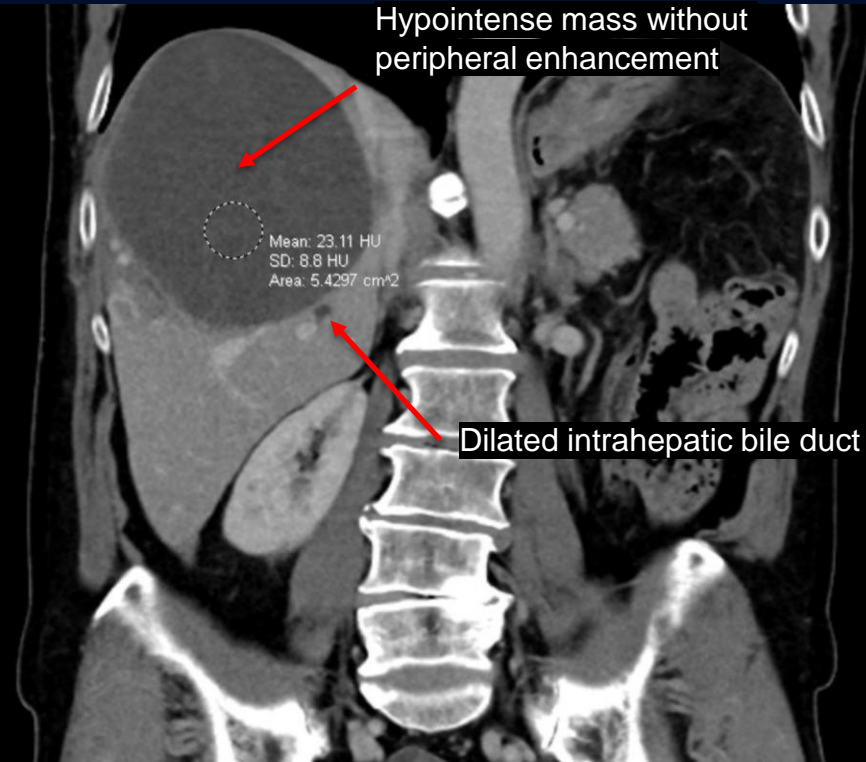
135.8 mm



Hypointense mass without peripheral enhancement

Mean: 23.11 HU
SD: 8.8 HU
Area: 5.4297 cm²

Dilated intrahepatic bile duct



Intrahepatic Cholangiocarcinoma

Origin: neoplasm from epithelial cells of intrahepatic bile ducts

Epidemiology: 15% of primary liver cancers in the US are intrahepatic cholangiocarcinoma

Risk Factors: primary sclerosing cholangitis, fibropolycystic liver disease, chronic liver disease (cirrhosis and viral), chronic liver fluke infection, Lynch syndrome, BAP1 tumor predisposition syndrome, cystic fibrosis, and biliary papillomatosis, HIV, H. pylori

Presentation: dull RUQ pain, weight loss, elevated alkaline phosphatase, normal or slightly elevated bilirubin, elevation of AST/ALT with prolonged disease

- less likely than extrahepatic to cause biliary obstruction symptoms (jaundice, pruritis, dark urine, clay-colored stool)

Metastasis: commonly to other intrahepatic locations, peritoneum, lungs, and pleura

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