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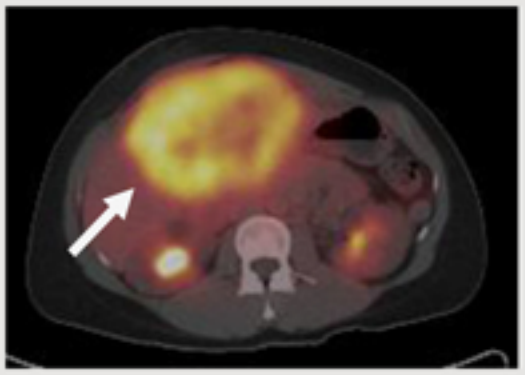
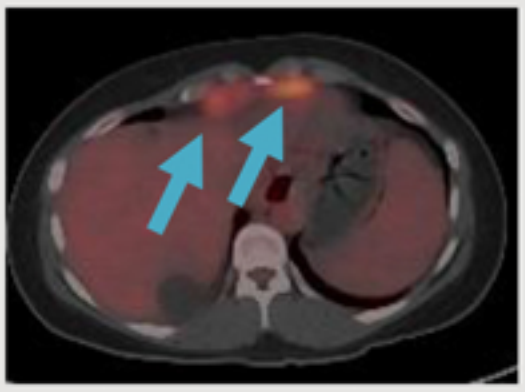
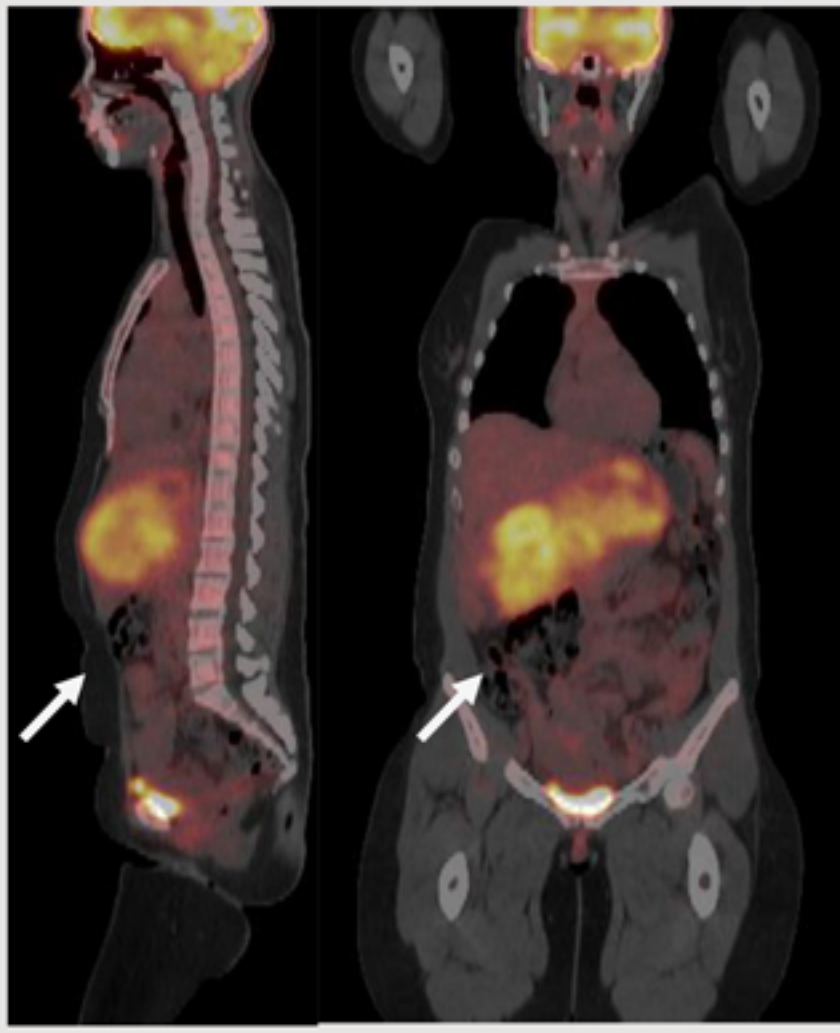
Interesting Case: PRIMARY HEPATIC LYMPHOMA.







CLINICAL PRESENTATION: This patient presented with abdominal pain and a RUQ mass seen by ultrasound. A dedicated PET-CT was ordered.

IMAGING FINDINGS: A **dedicated PET-CT** of the skull-base to mid-thighs was obtained at **AIC-PALMDALE** on a dedicated **40-slice Siemens PET-CT** (the ONLY ONE in the Antelope Valley).

Aixal, Sagittal and Coronal dedicated PET-CT images demonstrate a large hyper-metabolic mass (**white arrows**) in the liver as well as supra-diaphragmatic lymph nodes (**blue arrows**).

DIFFERENTIAL DIAGNOSIS: A liver malignancy such as metastasis or primary hepatic neoplasm (hepatoma, cholangiocarcinoma). Lymphoma is also in the differential diagnosis due to the presence of abnormal lymph nodes.

DIAGNOSIS: Biopsy proven **DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL)** with supra-diaphragmatic lymph nodes. This is considered to be a Primary Hepatic Lymphoma.

DISCUSSION: Primary hepatic lymphoma (PHL) is a rare form of extra-nodal lymphoma occurring in less than 1% of lymphoma cases. The majority are Diffuse Large B-Cell lymphomas (**DLBCL**). Initial presentation is usually abdominal pain, jaundice or weight loss. Liver enzymes may be elevated. The typical age of presentation is in the mid 50's. There is an association with Hepatitis C. PHL is usually treated with chemotherapy. Other treatment options include radiation therapy and surgery.

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