

ALLOGRAFT HEPATITIS IN THE PROTOCOL BIOPSIES AFTER LIVER TRANSPLANTATION FOR EPITHELOID HAEMANGIOENDOTHELIOMA

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Background: Epitheloid hemangioendothelioma (EHE) is a rare low-grade malignant neoplasm of vascular origin that occurs in the liver and other organs. Although this tumor is usually slowly progressive, the clinical course is highly unpredictable. Liver transplantation (OLT) represents a method of treatment for patients with unresectable multicentric lesions.

Material and methods: 514 liver transplantations were performed from 1996 to 2006 at our center. Six of them were adults with multifocal EHE (4 women, 2 men, from 35 to 51 years of age). Two patients (37- and 51-year-old women) had lung metastases detected by preoperative imaging.

Results: All recipients are alive for a median survival time of 78.7 months (\pm 32.9 months) with good graft function. Their postoperative course was unremarkable, and their immunosuppression was maintained by cyclosporine or tacrolimus and steroids. There is no recurrence of the disease, and lung metastases are stable without any progression. Protocol biopsies were obtained at 1, 3, 5, 7, and 10 year post-OLT. Four recipients, all women, reached more than a 5-year follow-up (6, 9, 10, 11 years). They suffered from repeated episodes of mild acute cellular rejection early after OLT. They have had no evidence of viral hepatitis or autoimmune disease, but they have shown mild lobular and portal tracts inflammation with focal interface activity and periportal or septal fibrosis in their protocol biopsies after 5, 7 or 10 years. One male patient suffered from severe cellular rejection due to noncompliance and withdrawal of immunosuppressive therapy, in the 4th year after transplant. The remaining male recipient did not undergo protocol biopsy at our center, and is being treated in Slovakia.

Conclusion: OLT is a valuable treatment for EHE even in cases with metastatic disease. All recipients in this series with more than a 5-year follow-up have had morphological features of allograft hepatitis with mild inflammatory activity, and periportal or septal fibrosis, probably as a part of the alloantigen response.