A 75-year-old man presenting with low-grade fever was referred to our hospital. Blood test showed remarkable leukocytosis and increased serum CRP level (13.7 mg/dl), but the serum levels of CEA and CA19-9 were within normal ranges. Enhanced computed tomography (CT) revealed a heterogeneous hepatic tumor in the caudate lobe, sized 5.3 cm, involving the middle and left hepatic veins (Fig. 1). We first suspected inflammatory pseudotumor of the liver and administered antibiotics, but a needle biopsy specimen of the tumor revealed undifferentiated carcinoma, and the tumor expansively enlarged to 7.5 cm in a month, involving the inferior vena cava. Thereafter, on the diagnosis of undifferentiated hepatoma, we performed curative resection of the tumor by extended left hemihepatectomy. Pathological diagnosis was cholangiocellular carcinoma with an undifferentiated carcinoma component (Fig. 2; please note that a color version of this figure is available as supplementary data at http://www.jjco.oxfordjournals.org). The patient developed multiple lung metastases two month after the surgery with leukocytosis and underwent systemic chemotherapy using gemcitabine, which is effective so far.

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