

Satellitosis (Core)

Hepatocellular carcinoma

In hepatocellular carcinoma (HCC) several studies have found that the presence of satellite tumours is related to recurrence but there has hitherto been little consensus on the definition of satellitosis.¹⁻⁸ The International Collaboration on Cancer Reporting (ICCR) supports the definition within the most recent WHO Classification⁹ which notes that with respect to satellitosis “they may occur in close proximity to a single large dominant nodule, are often multiple and usually within 2 cm of the main tumour”. They are considered to represent local spread generally within portal venules. This is to distinguish this pattern from multiple distinct (progressed HCC) and indistinct (early HCC) nodules that may represent independent primaries (refer to Figure 2). Care must be taken to distinguish genuine separate foci from apparent separation when there is actually continuous spread with an irregular leading edge.

Cholangiocarcinoma

No data are available on intrahepatic or perihilar cholangiocarcinoma.

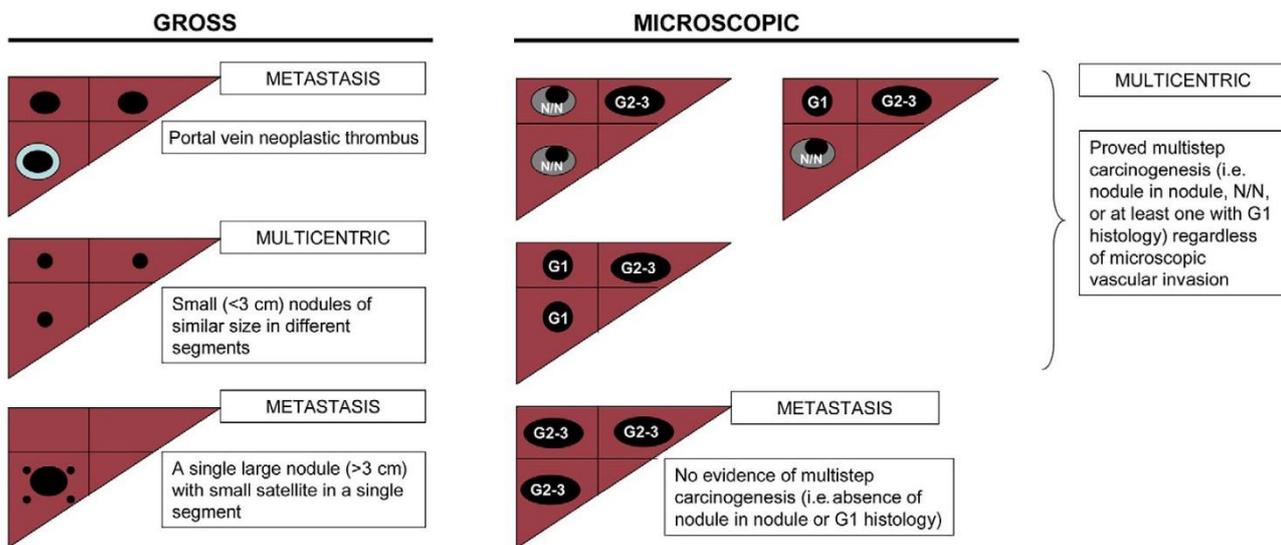


Figure 2: Multinodular HCC: main features of aid in the distinction between multicentric versus metastatic disease. Reproduced with permission from Roncalli M, Park YN and Di Tommaso L (2010).

Histopathological classification of hepatocellular carcinoma. *Dig Liver Dis* 42 Suppl 3:S228-234.¹⁰

Legend: Multicentric versus metastatic disease can be reasonably addressed by gross (radiological) features only in the conditions depicted on the left side of the figure. In all the other conditions (right side of the figure) only a microscopic examination can address the issue by proving the multistep carcinogenesis. The possibility of a multicentric disease, followed by a metastatic one, is not illustrated in the figure. The accuracy of this evaluation is not absolute and tumour allelotyping should be performed.

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