In September 2001, during follow-up at our outpatient liver unit we detected by ultrasound a hypervascular mass adjacent to the VI hepatic segment in a 78-year-old HCV-positive cirrhotic woman. Subsequently abdominal computed tomography (CT) revealed an infiltrative vascularized nodule (3.5 cm in diameter) at the lower border of the VI hepatic segment and magnetic resonance imaging showed a “tear-drop shaped” tumor (Figure 1A). Serum alpha-fetoprotein levels were normal (4 ng/mL), liver function was good (prothrombin time 84%, albumin 3.3 g/dL), without anemia and thrombocytopenia. No extrahepatic lesions were found.

Laparoscopy was performed and the hepatic lesion was completely removed. Histological examination revealed “moderately differentiated hepatocellular carcinoma within nodule of adenomatous hyperplasia”.

The patient was discharged in good condition five days after surgery. Abdominal MRI performed one year later showed no signs of recurrence (Figure 1B). The patient is currently in good health, and her only medications are beta-blocker and lactulose.

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