# Liver/Bile Ducts 2017

**Quiz 1**

1. The extrahepatic bile duct consist of the common hepatic duct, cystic duct, and common bile duct.
	1. True
	2. False
2. What are the four lobes of the liver?
	1. Right, left, quadate, quadrate
	2. Anterior, superior, caudate, quadrate
	3. Anterior, superior, quadate, quadrate
	4. Right, left, caudate, quadrate
3. A tumor arising in the right intrahepatic bile ducts would drain to which lymph node chain(s)?
	1. Duodenum
	2. Pancreas
	3. Both A and B
	4. None of the above
4. Cholangiocarcinoma of the liver should be assigned to which primary site?
	1. C22.0 Liver
	2. C22.1 Intrahepatic Bile Duct
	3. C24.0 Extrahepatic Bile Duct
	4. C24.9 Biliary Tract NOS
5. Combined hepatocellular and cholangiocarcinomas should be coded to C22.1 (Intrahepatic Bile Duct).
	1. True
	2. False
6. Which Ishak Fibrosis Score would be the best for liver transplant?
	1. Score of 5-6
	2. Score of 4
	3. Score of 3
	4. Score of 1-2
7. Which three lab tests are part of the MELD score?
	1. AFP, Total Bilirubin, Creatinine
	2. Creatinine, Total Bilirubin, and INR
	3. AFP, INR, Creatinine
	4. None of the Above
8. Incidences of primary liver cancer is most common…
	1. In North America
	2. In Asia and Africa
	3. In Western Europe
	4. It is evenly distributed throughout the world
9. Which of the following does **not** have a strong causal link to hepatocellular carcinoma?
	1. Heavy alcohol abuse
	2. Hepatitis B
	3. Hepatitis C
	4. Heavy coffee drinking
10. Active surveillance is a treatment option for liver cancer if the patient presents with a tumor that is…
	1. 1.5 centimeters or less
	2. 1 centimeter or less
	3. 2 centimeters or less
	4. None of the above

# Quiz 2

**Case 1**

**2/2/17 HNP**

A 58 year- old female patient with type 2 diabetes mellitus and hypertension was checked for routine follow up with biochemical parameters and abdominal ultrasonography. A liver hilus mass measuring 2 cm in diameter was detected and abdominal magnetic resonance and magnetic resonance cholangiopancreotography (MRCP) was taken upon detection. MR and MRCP showed a 35 × 31 mm mass at liver hilus with intrahepatic biliary dilatation. The tumor appears to invade the surface of the adjacent liver. No lymphadenopathy was identified.

The patient went to have surgical resection of the tumor.

**Pathology:**

A 2.4cm moderately differentiated cholangiocarcinoma arising in common bile duct at the confluence of the right and left hepatic duct. The tumor extends through the wall of the common bile duct into the Perihilar tissue. There is no invasion into the gallbladder or hepatic capsule. 12 lymph nodes were negative for metastasis.

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| --- | --- |
| Data Item | Value |
| Clinical T |  |
| Clinical N |  |
| Clinical M |  |
| Clinical Stage  |  |
| Pathologic T |  |
| Pathologic N |  |
| Pathologic M |  |
| Stage Group |  |

**Case 2**

**1/29/17 MRI Abdomen:**

There is a large mass within the central portion of liver measuring 14.6 x 16.7 x 10.9 cm extending into both the right and left hepatic lobes. There is sparing of segment 6 and segment 7. There are nodular foci of hemorrhage scattered throughout the lesion. There is delayed peripheral enhancement without central enhancement. There is obliteration of the left portal vein and middle hepatic vein by tumor. There is bile duct invasion resulting in dilated intrahepatic ducts which are more prominent in the left hepatic lobe. The extrahepatic biliary ducts are normal in caliber. The main portal vein is patent. There is portal hypertension with multiple surface collateral vessels as well as recannulization of the umbilical vein. No nodal metastases are identified. No bony metastatic disease is identified.

1. Large central hepatic mass measuring 16.7 x 14.6 x 10.9 cm as described. Differential diagnosis includes cholangiocarcinoma, hepatocellular carcinoma or atypical neoplasm such as sarcoma. Tissue sampling should be considered.
2. Portal hypertension is likely secondary to outflow obstruction or alternatively obliteration of the left portal vein.

**2/7/17 Liver Core Biopsy:** hepatocellular carcinoma, grade 2 arising in a cirrhotic liver

The patient was treated with Hepatic artery drug-eluting bead tumor embolization

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