



# A newly developed subcutaneous nodule 15 years after liver transplantation

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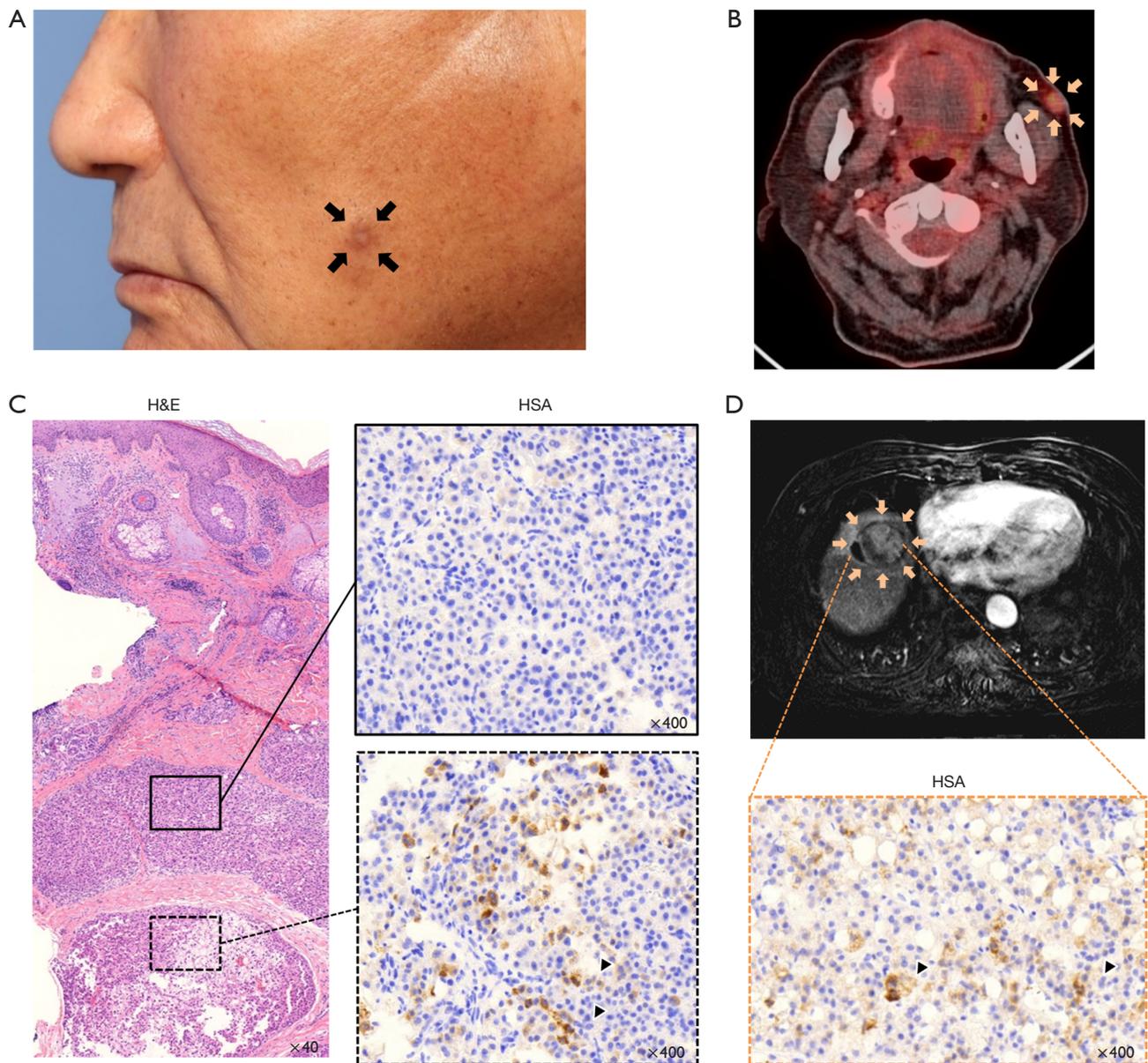
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A 79-year-old man, who had undergone liver transplantation (LT) 15 years ago due to hepatocellular carcinoma (HCC) related to chronic hepatitis B, was referred for a newly developed 2 cm-sized mass on his left cheek (*Figure 1A*). Alpha-fetoprotein had been within normal range since LT, and the patient had been on 1 mg/day tacrolimus. Positron emission tomography-computed tomography documented a focal <sup>18</sup>F-fluorodeoxyglucose uptake in skin lesion (*Figure 1B*).

Biopsy results revealed that the pathologic findings of the subcutaneous mass were consistent with metastatic

HCC with negative (upper part) and focally positive (lower part) hepatocyte-specific antigen staining (*Figure 1C*). Multiphase magnetic resonance imaging also documented a 3.6 cm-sized mass with arterial enhancement in S8 of the non-cirrhotic transplanted liver (*Figure 1D*), which was pathologically similar with HCC in skin and HCC in prior explant in that they showed focal HSA positivity, negativity for stemness markers, and Edmondson-Steiner G2. This case suggests that HCC can recur long time after LT, even at the rare sites.



**Figure 1** (A) Clinical photo of the skin lesion of the patient. (B)  $^{18}\text{F}$ -fluorodeoxyglucose uptake of the skin lesion. (C) Histopathology of the skin biopsy. (D) Image of multiphase magnetic resonance imaging of the liver mass and its biopsy finding. Arrowhead means an HSA-positive cell. H&E, haematoxylin and eosin; HSA, hepatocyte specific antigen.

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appropriately investigated and resolved.

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