

Adénomes Hépatocellulaires Biopsie: Pourquoi, Quand, Comment ?

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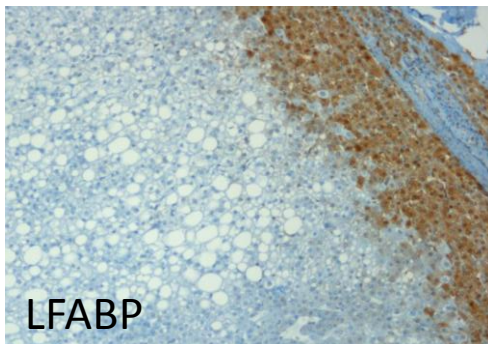
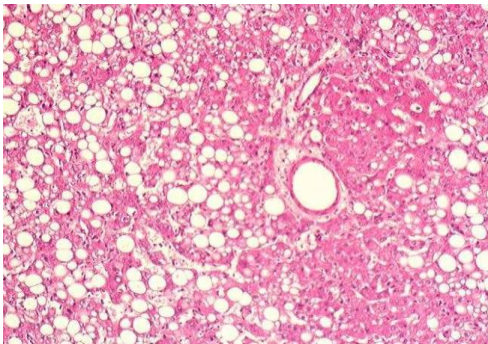
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POURQUOI ?

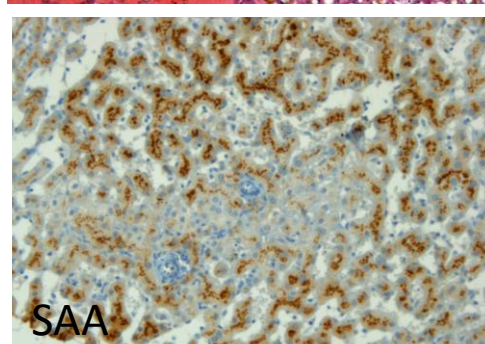
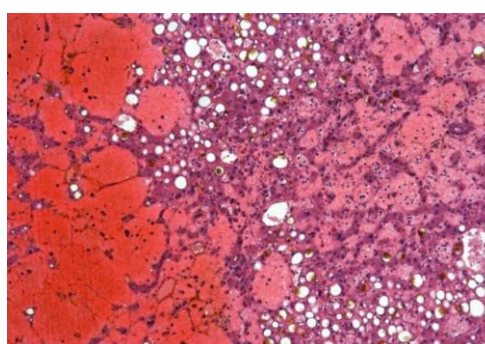
Des Adénomes ...

Inactivé LFABP



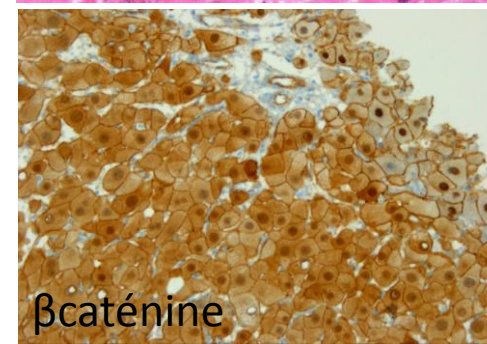
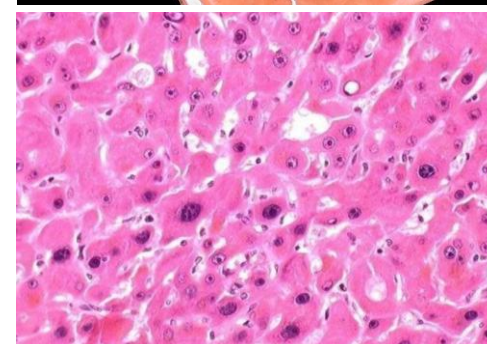
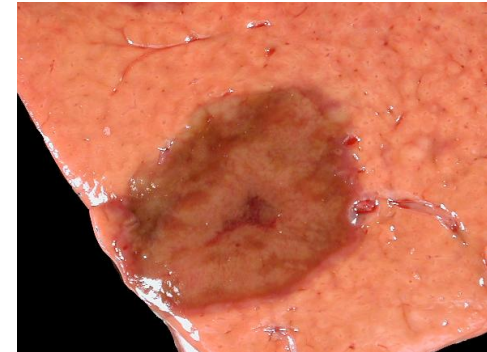
LFABP

Tél/Infl



SAA

Activé Bcaténine



Bcaténine

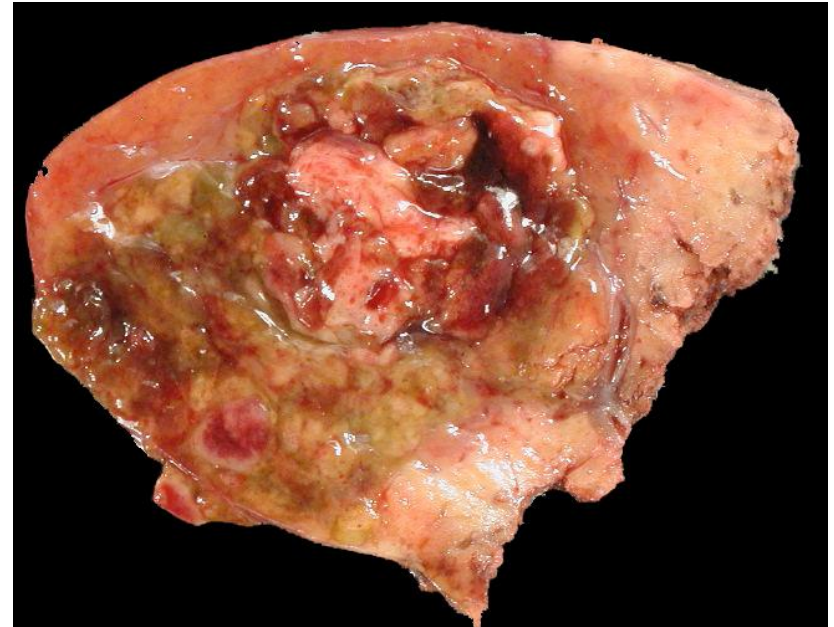
... Des Complications

Hémorragie (intra-tumorale)



- 20 - 30%
- Taille > 5 cm, Type Tel/Infl

Transformation maligne (CHC)



- 4-8%
- Taille > 5 cm, Type activé β -caténine > Tel/Infl

Biopsier Pour

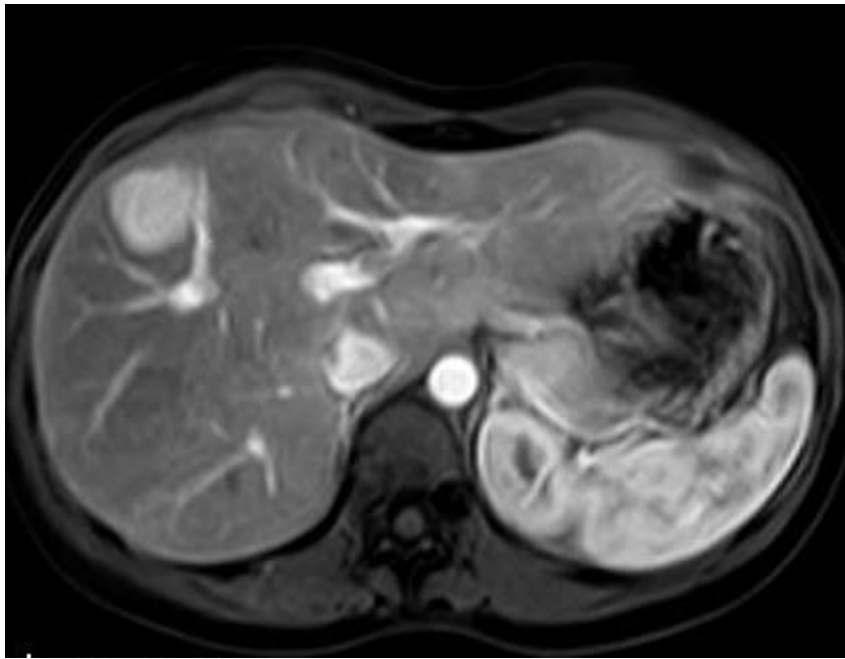
Une prise en charge adaptée

Résection vs Surveillance

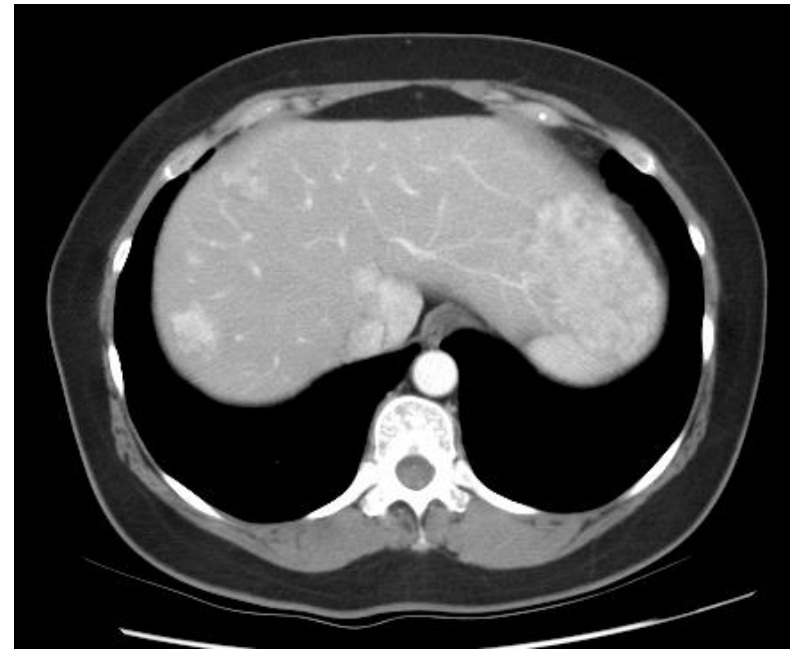
QUAND ?

Jamais

< 5 cm → Surveillance



> 5 cm → Résection



Quand Biopsier ?

Pas d'indication

- Résection
 - Hommes (risque de CHC)
 - Hémorragique

- Surveillance
 - AHC LFABP - < 5 cm (taux complications faible)

Indications

- ① Dg incertain en imagerie

- ② Typage incertain en imagerie

- ③ Contexte clinique particulier

① Diagnostic Incertain en Imagerie

Eliminer une HNF

Dg différentiel HNF atypique

⊗ cicatrice fibreuse



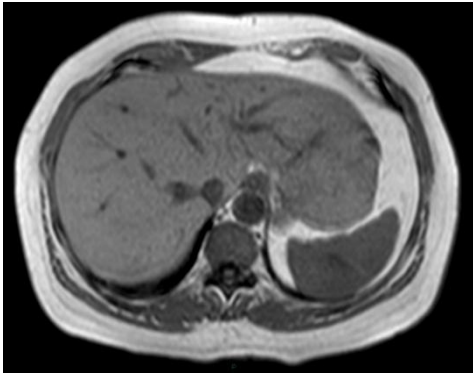
Stéatose



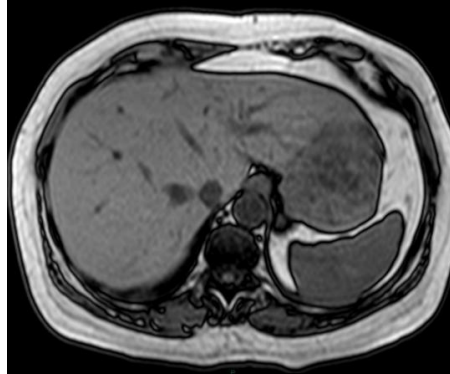
50% HNF stéatosiques sont
typiques en imagerie & histologie
(Ronot M Eur Radiol 2012)

 45 ans

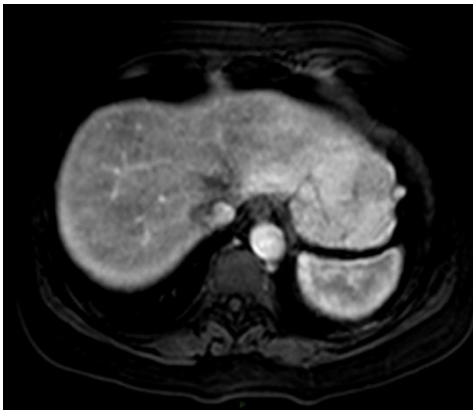
In phase



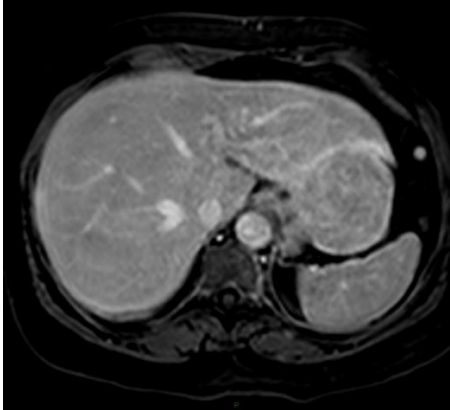
opposed phase



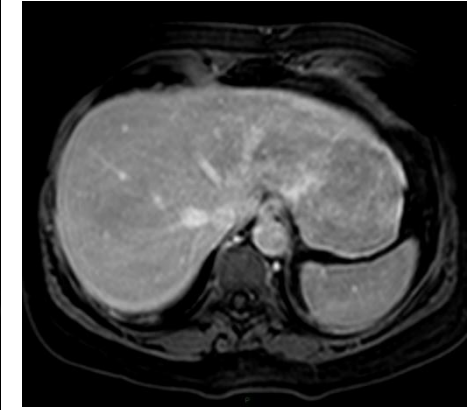
Pre contrast



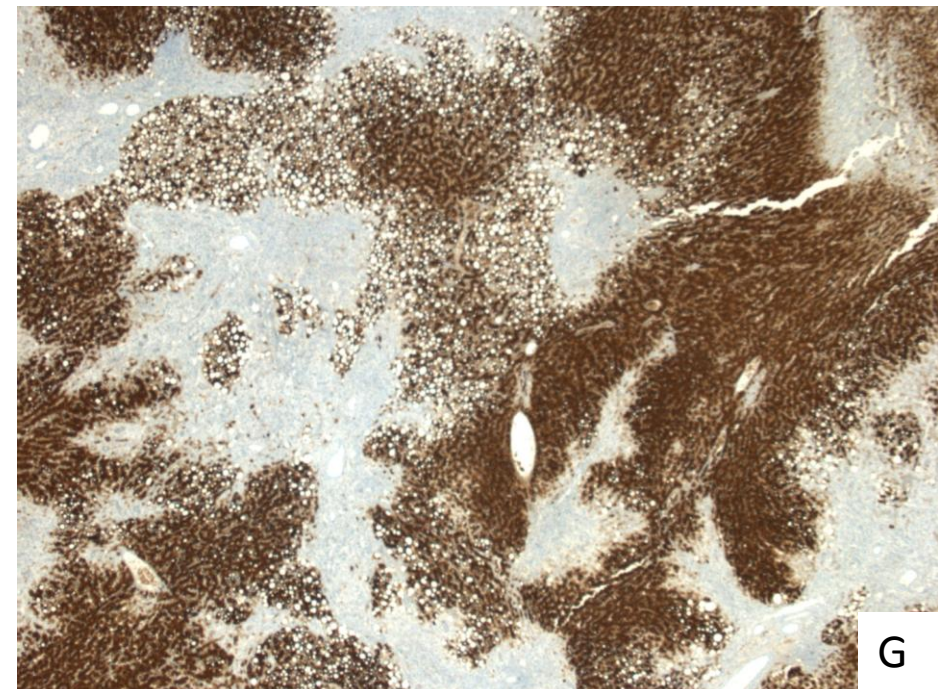
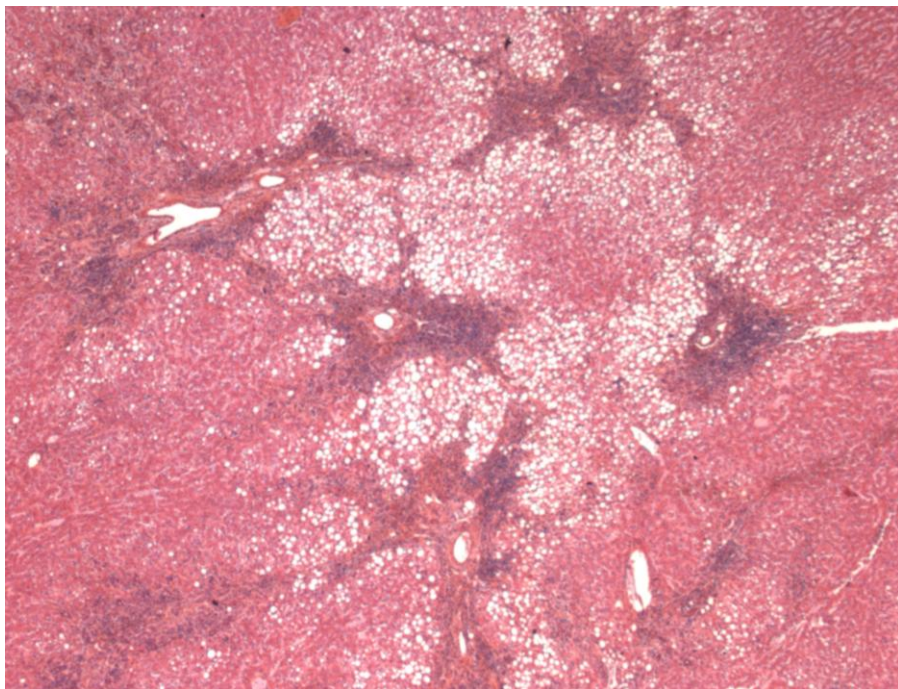
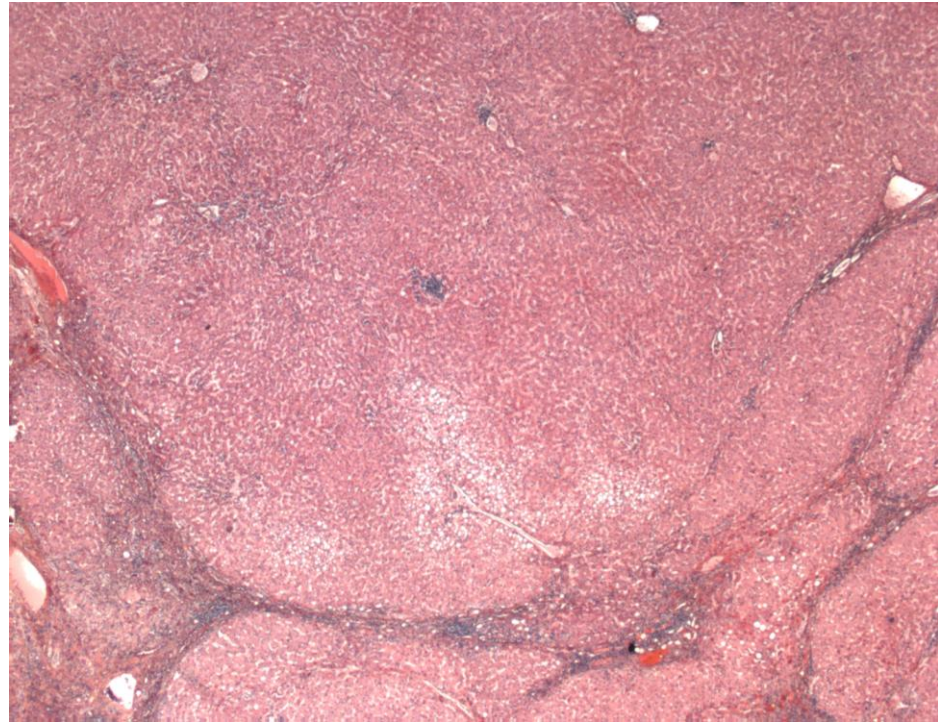
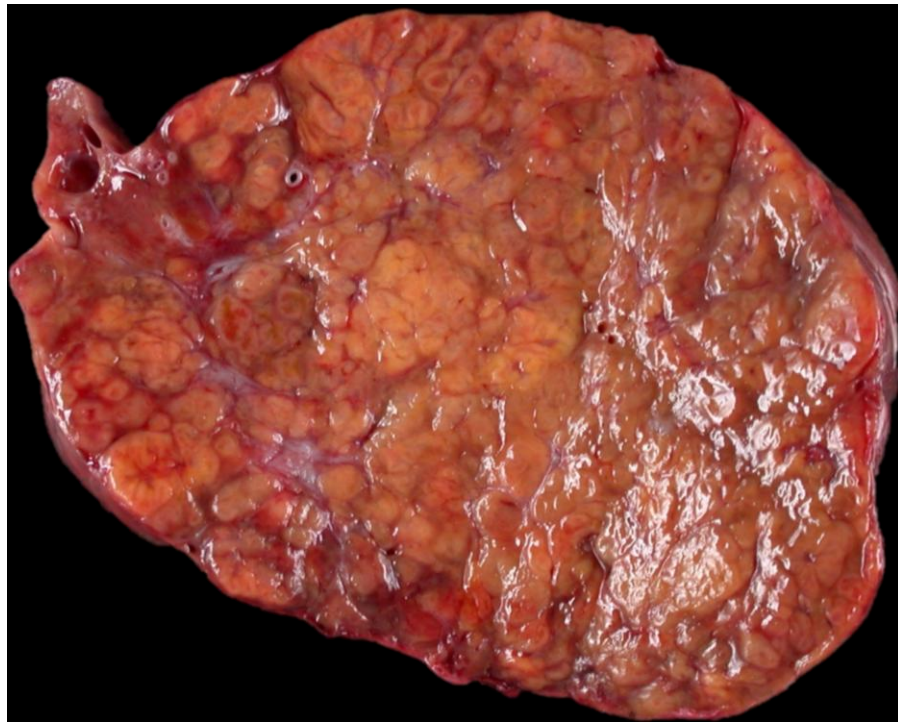
arterial



Portal



Delayed



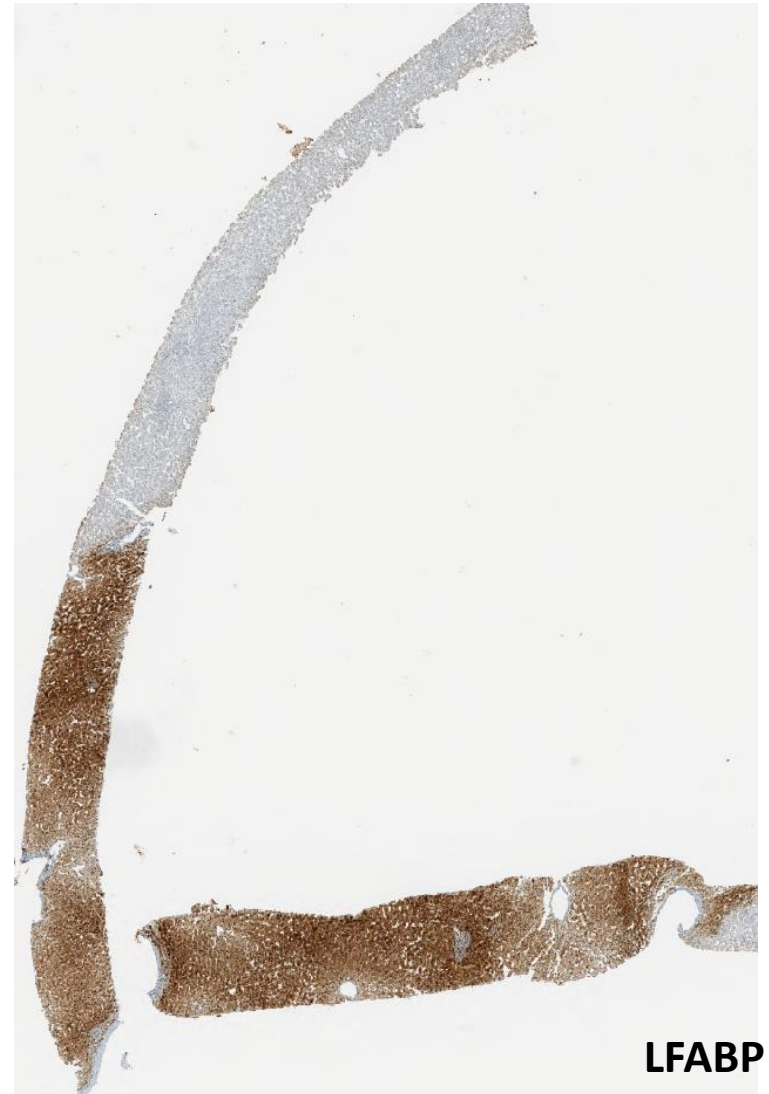
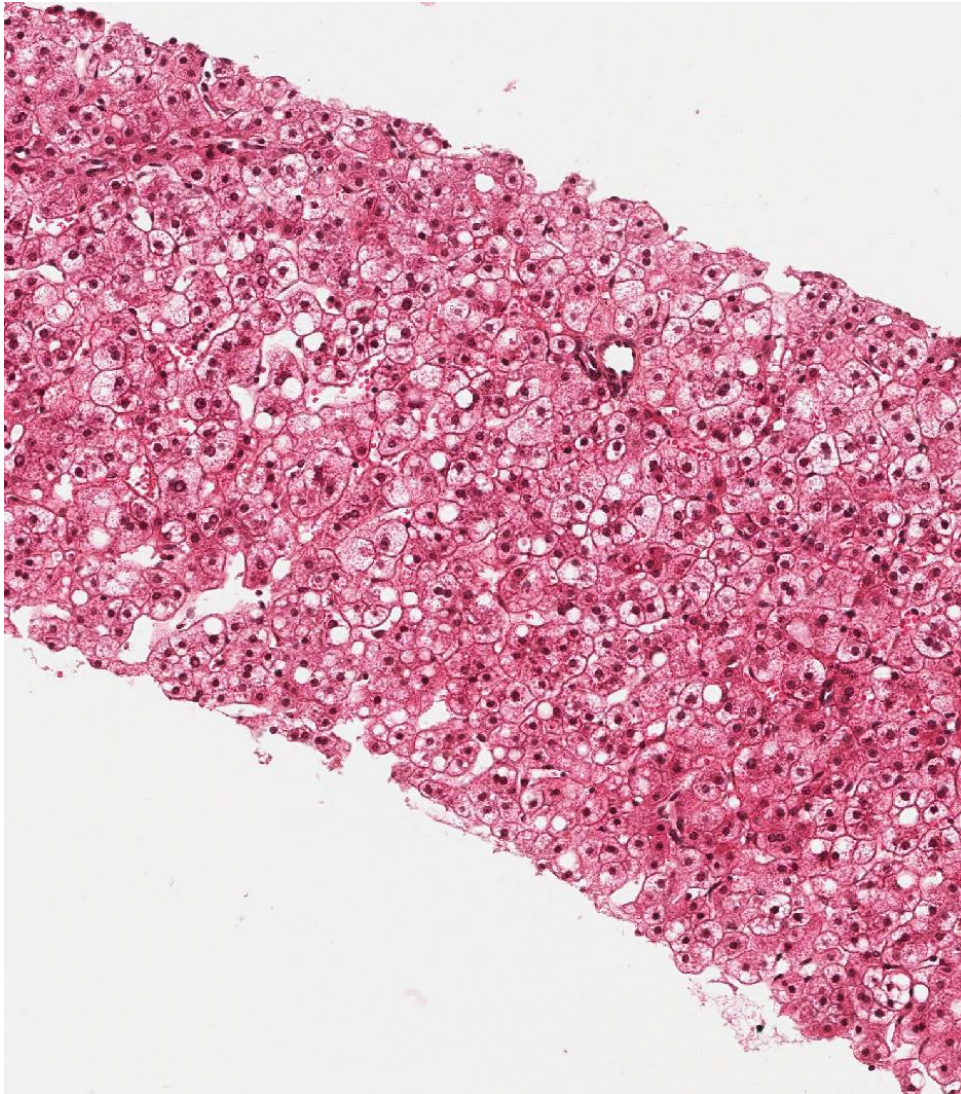
② Typage Incertain en Imagerie

- Stéatose intra-tumorale
 - AHC LFABP (-) peu stéatosiques
 - AHC Tel/Inf stéatosiques

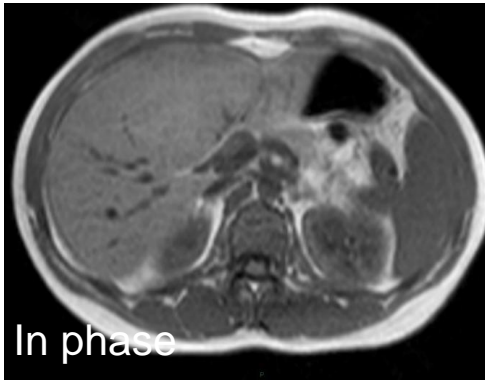
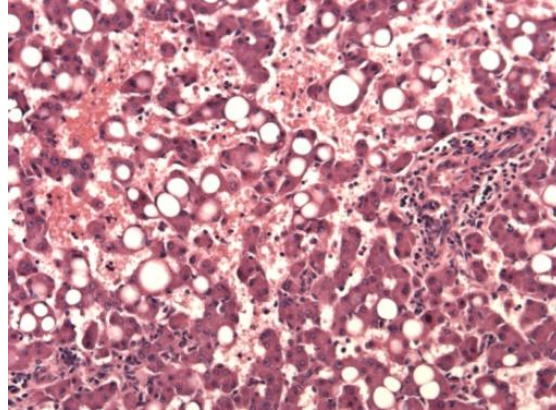
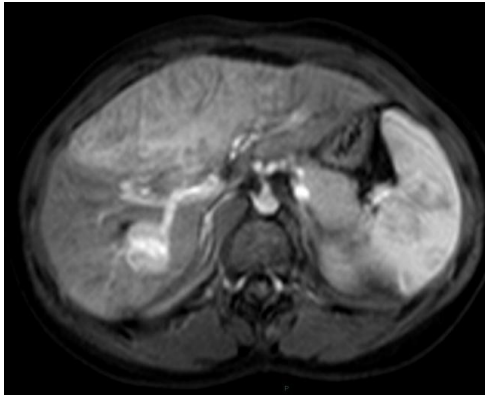
- AHC Tel/Inf
 - Activation β -caténine (10 %)
 - Pas accessible en imagerie

- Ni ... Ni ...
 - AHC inclassés (12-35 % *)
 - AHC activés β -caténine (15 %)

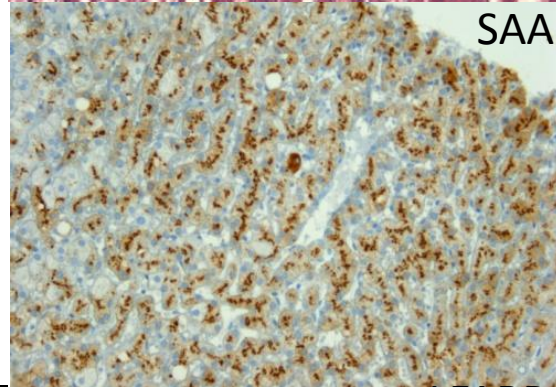
AHC LFABP (-) peu stéatosique



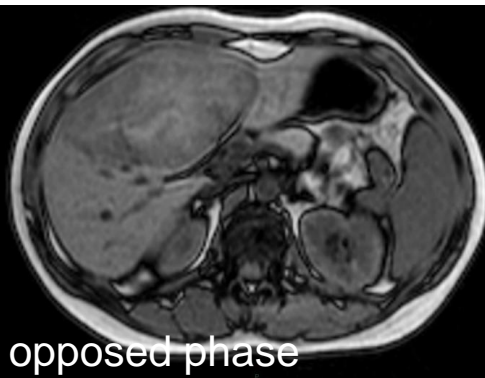
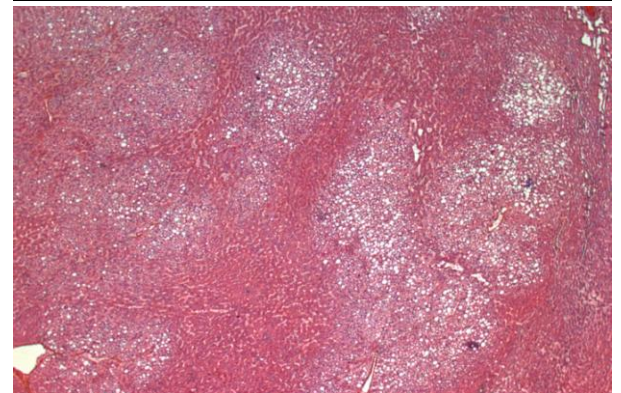
AHC Tel/Inf avec stéatose



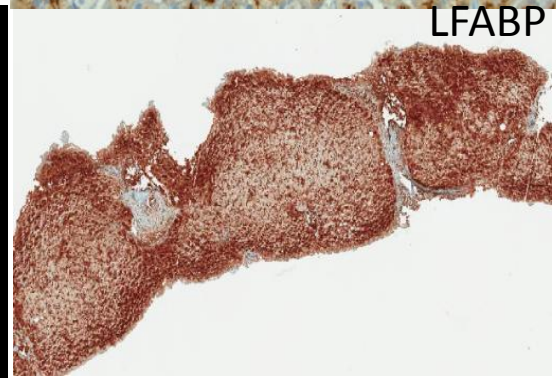
In phase



SAA



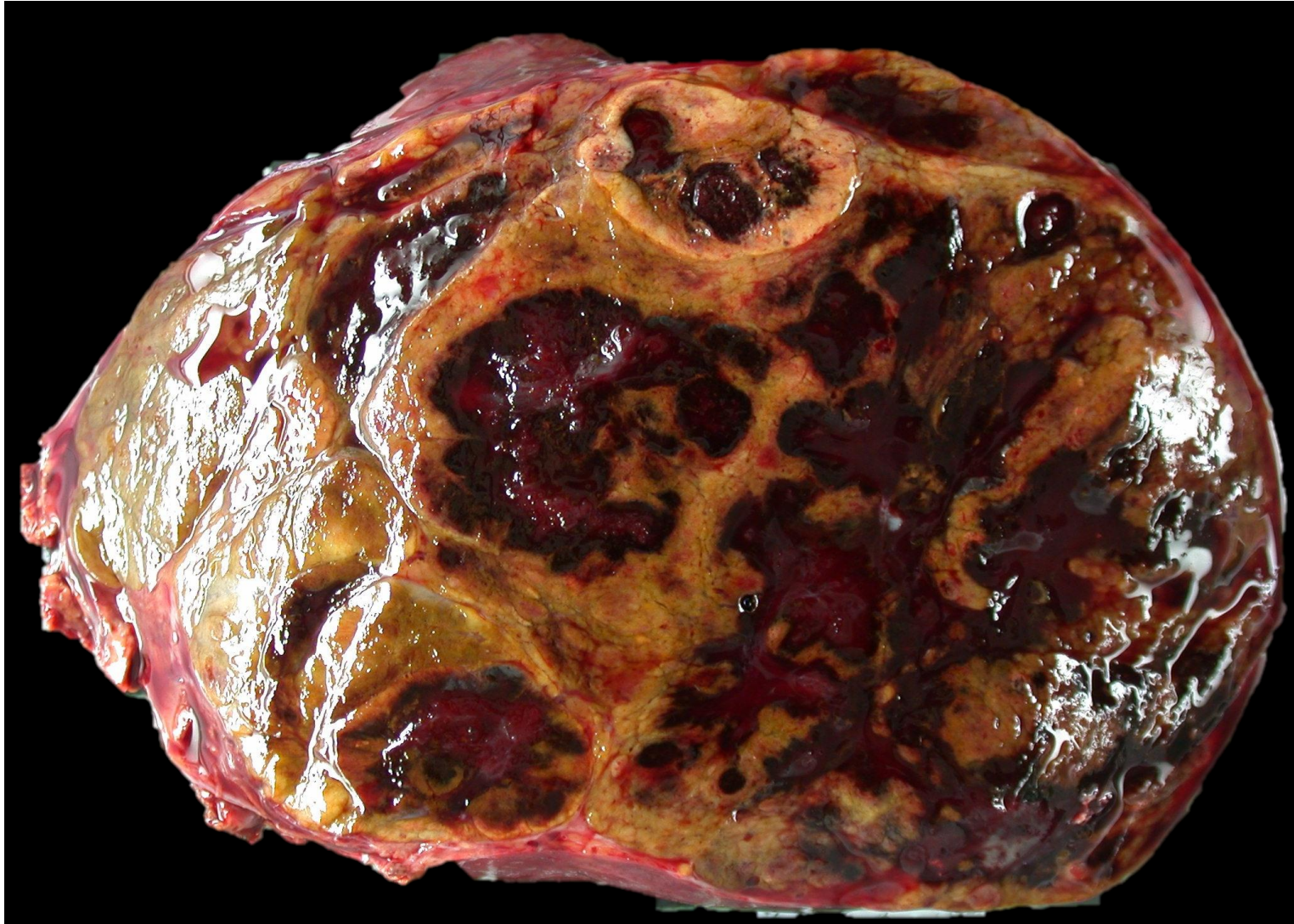
opposed phase

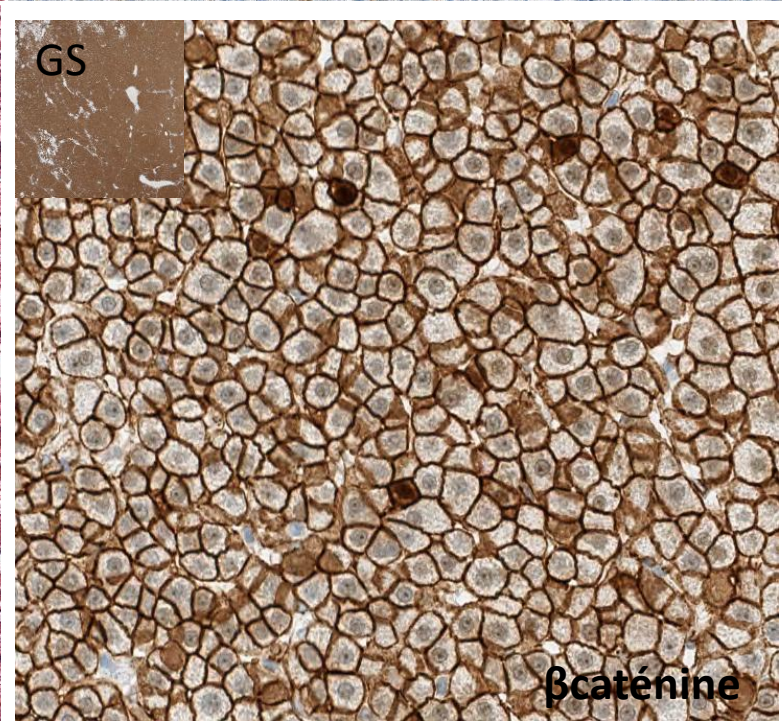
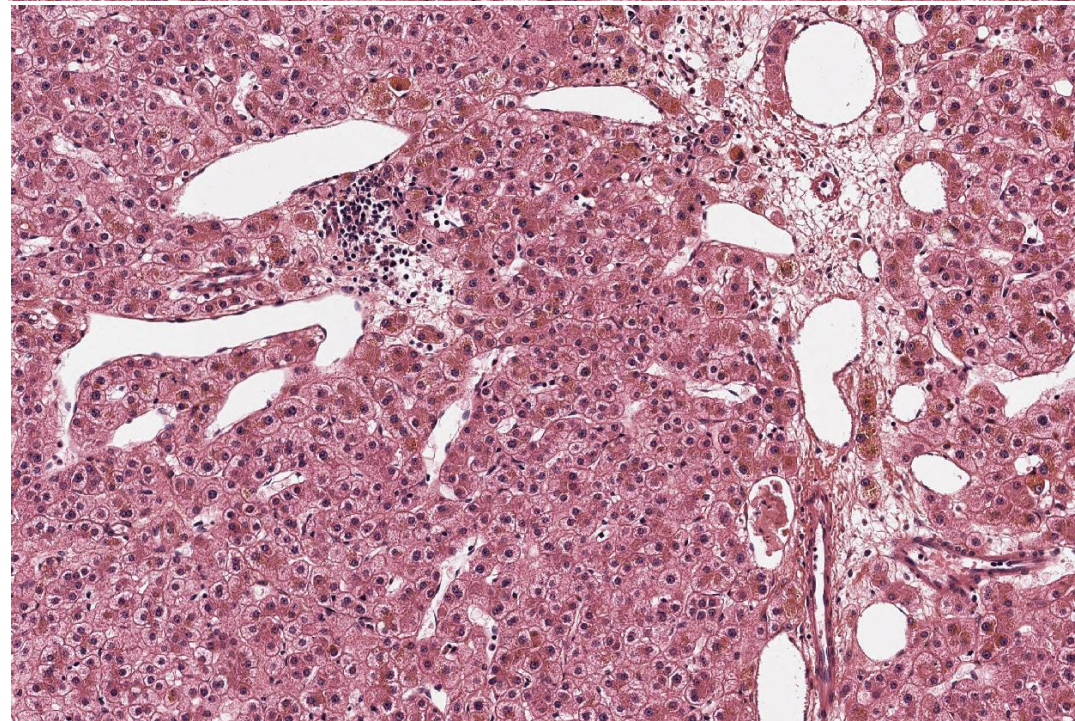
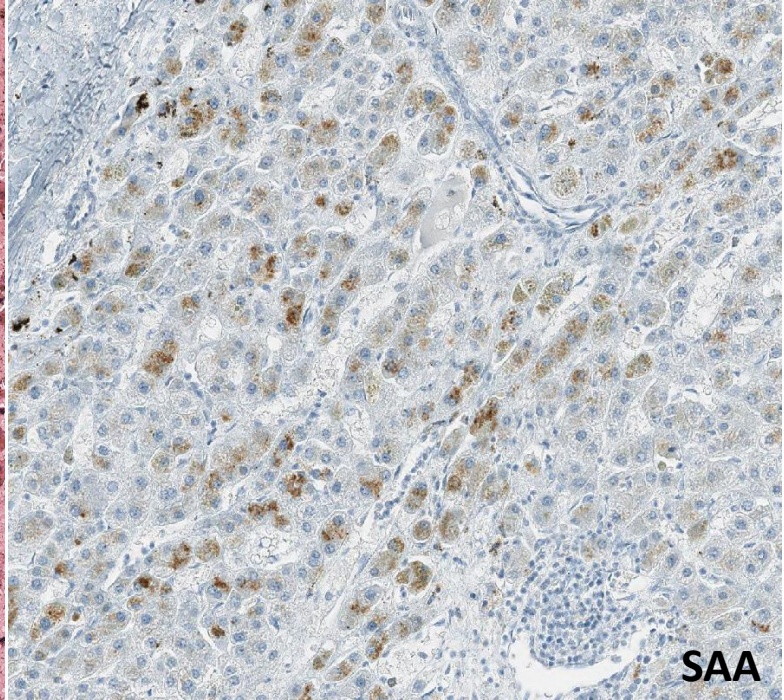
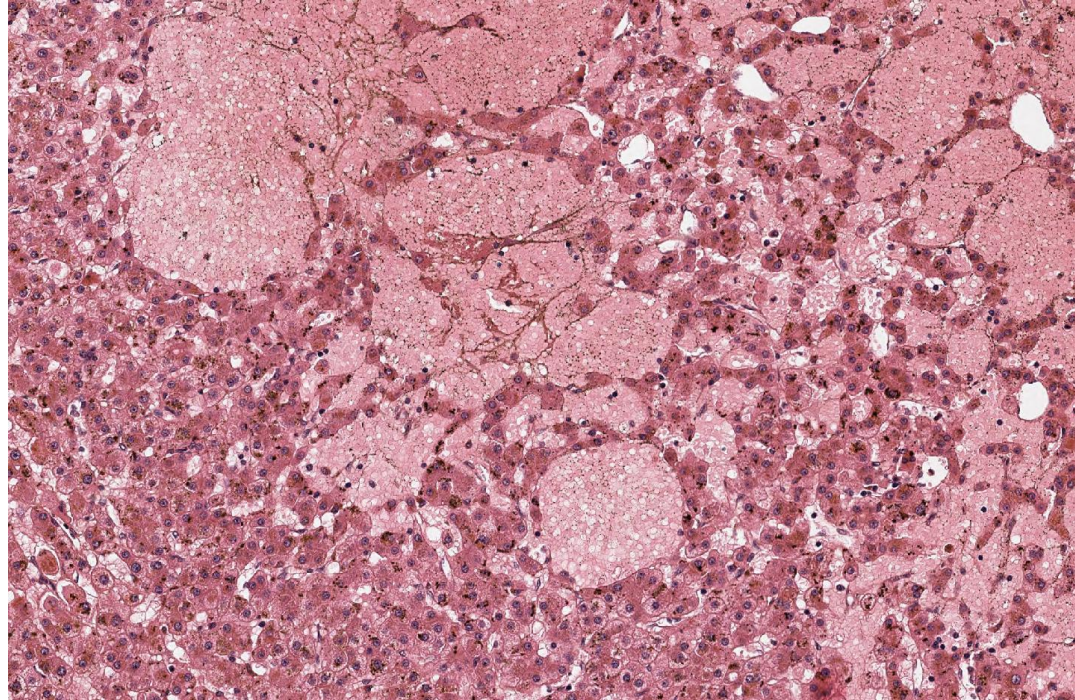


LFABP

♀ 41 ans

Nodule hétérogène (Tel/Inf)





Contexte Clinique Particulier

➤ Syndrome métabolique (Obésité) ¹

- Incidence ↗
- Facteur de risque tumeurs hépatiques [AHC (Tel/Inf), CHC]
- FNT: peu modifié à Stéato-fibrose

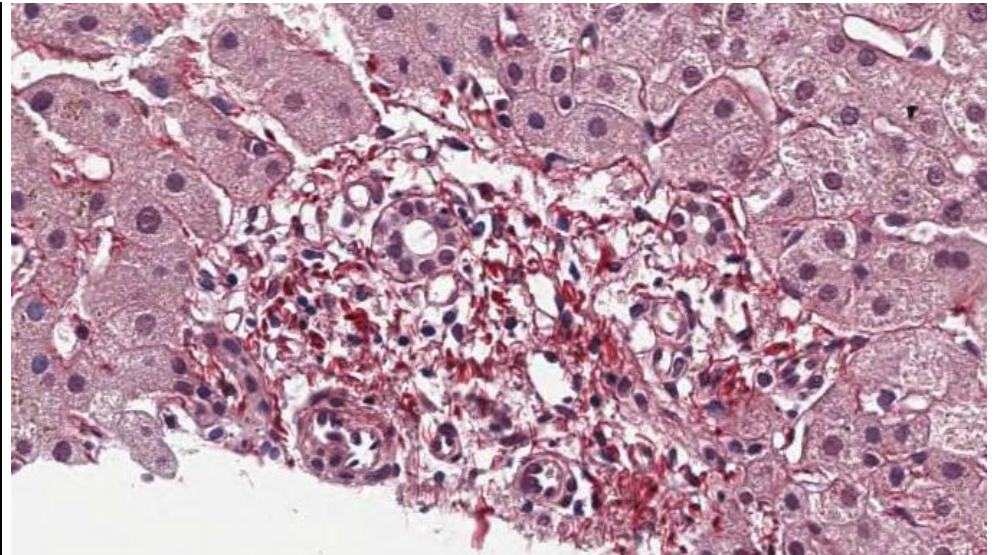
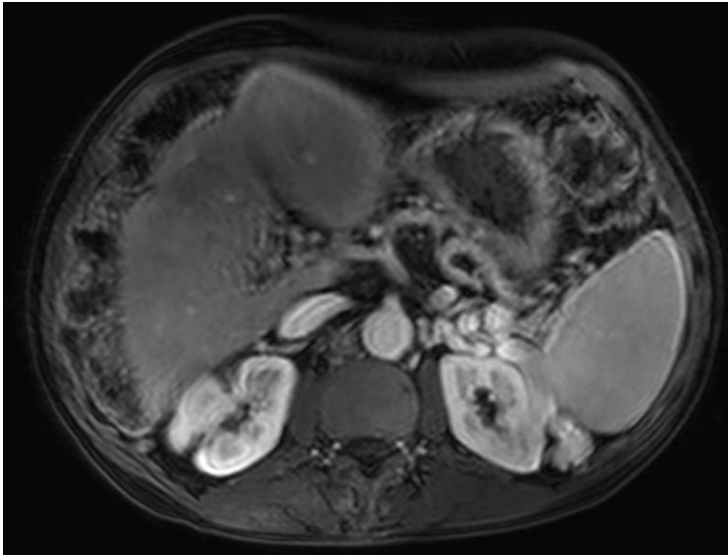
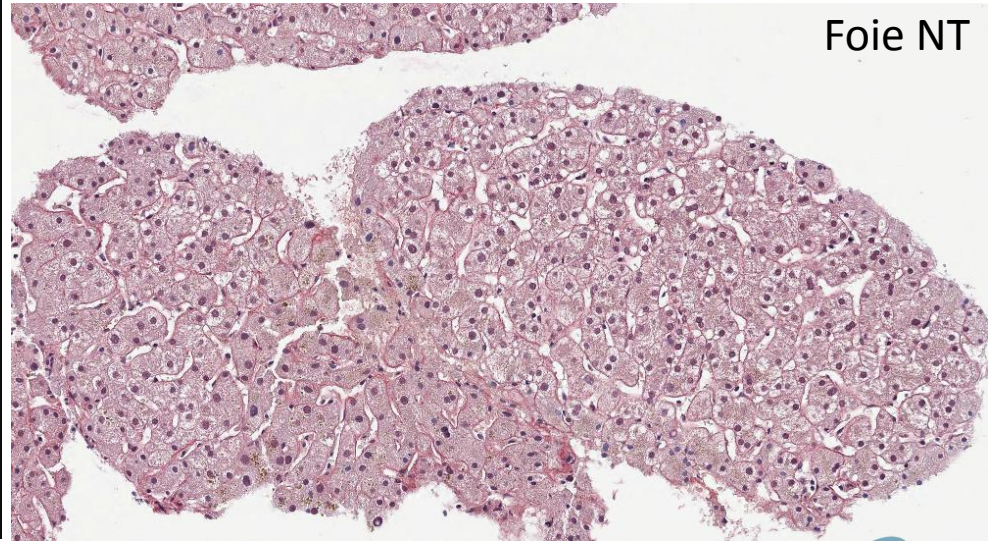
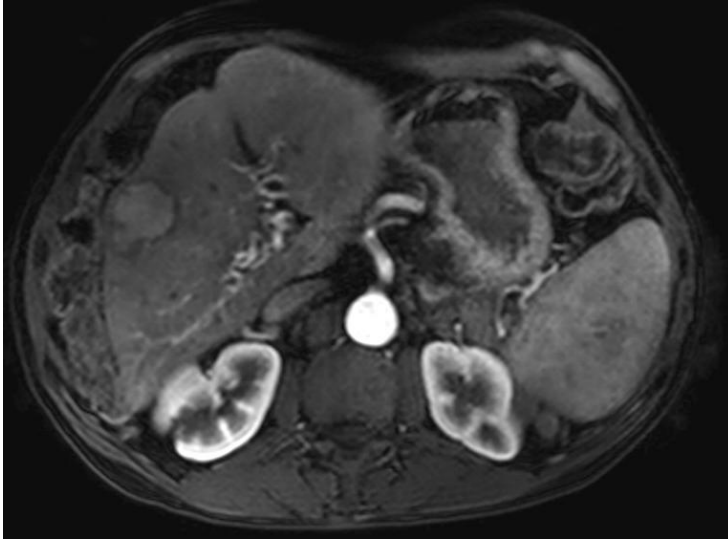
➤ Maladies vasculaires ²

- Sd Budd-Chiari, Veinopathies portales, ...
- HNF, AHC, CHC
 - HNF Atypiques +++

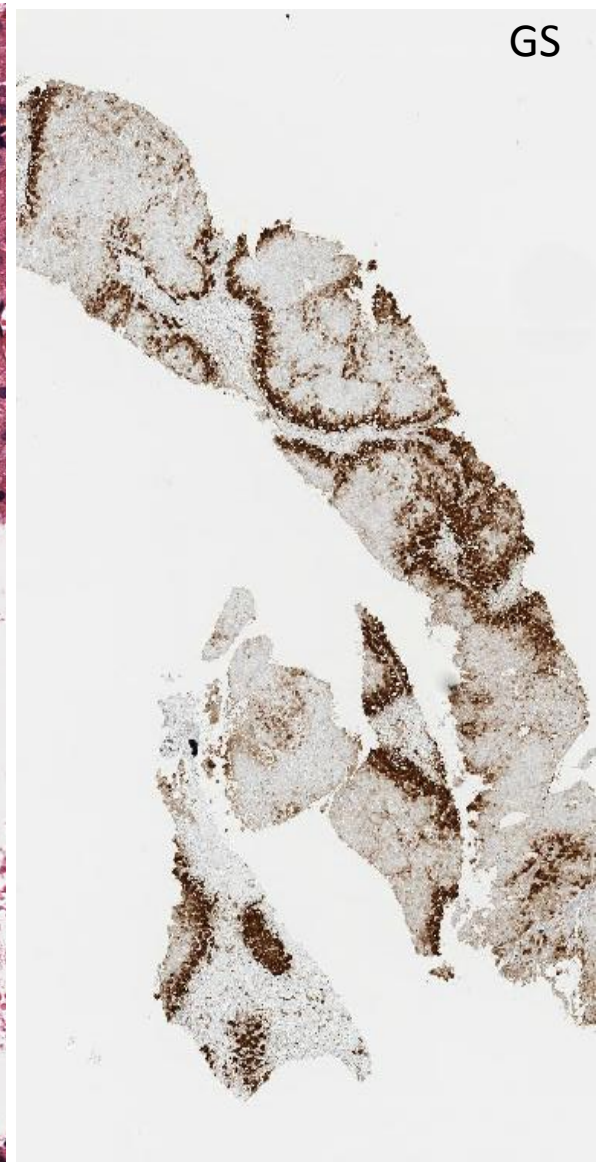
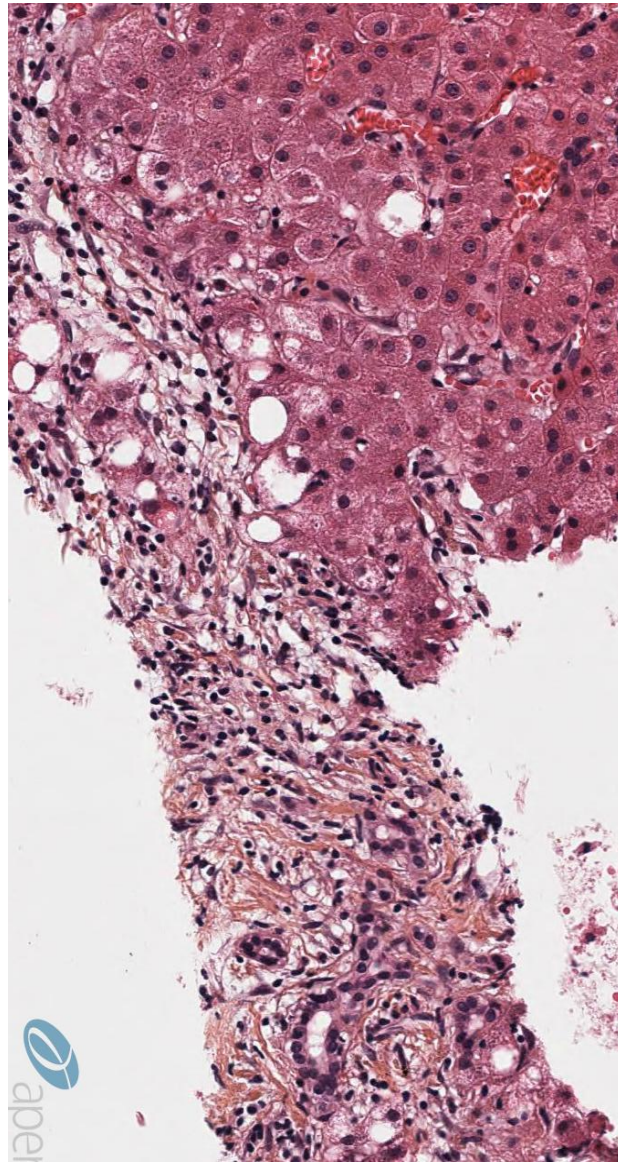
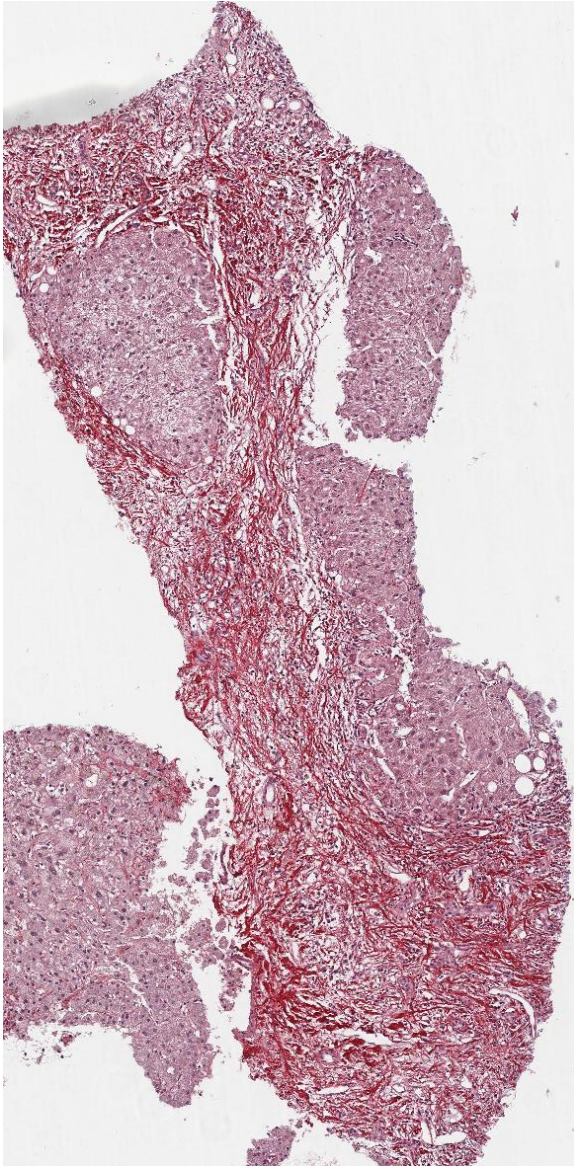
¹ Paradis V Hepatology 2007, Bioulac-Sage P et al Liver Int 2012, Farges O Gut 2011

² Handra-Luca A Histopathology 2006, , Pupulim L Clin Radiol 2013, Sempoux C soumis

Nodule 4 cm hypervasculaire VIH +

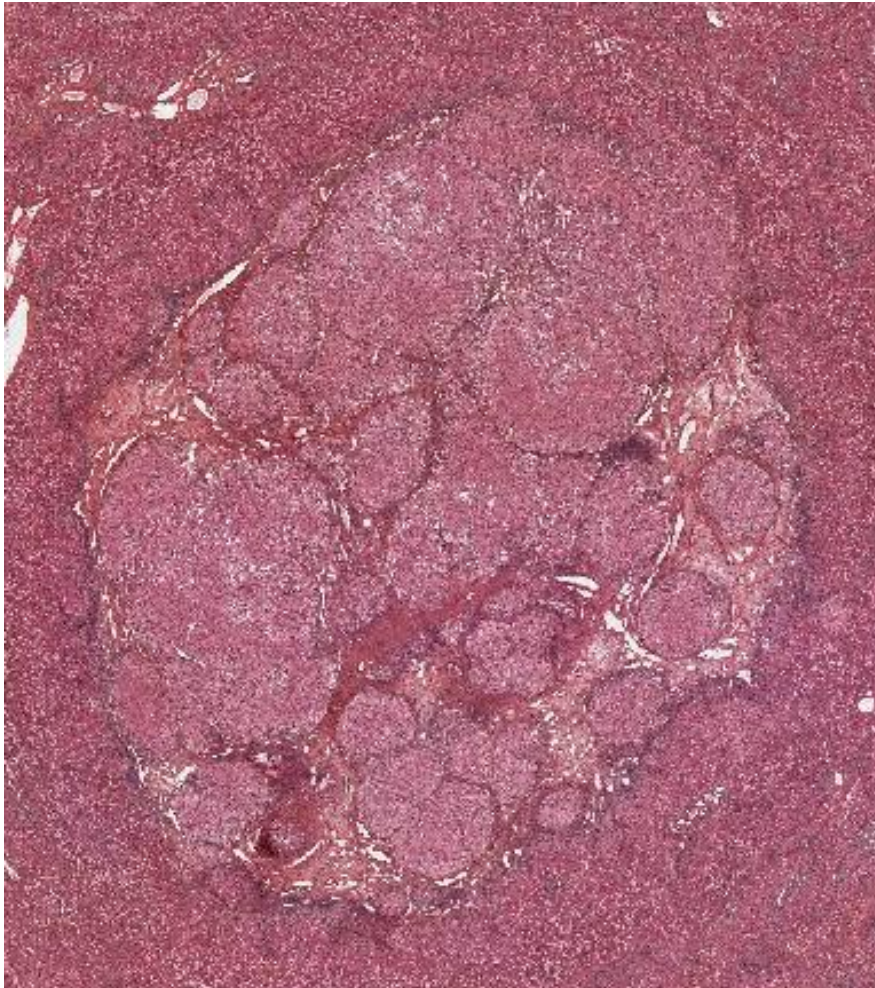


HNF (Veinopathie Portale Oblitérante)

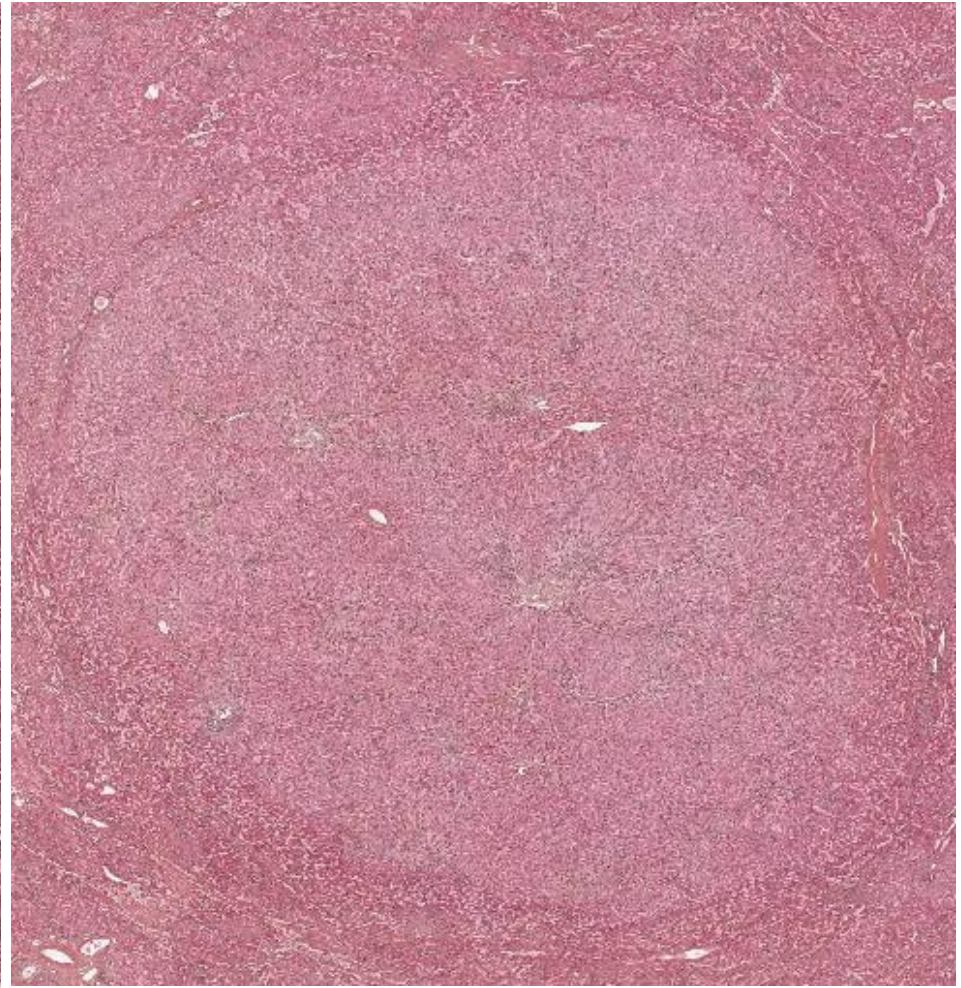


♀ 32 ans BCS (TH)

« HNF »

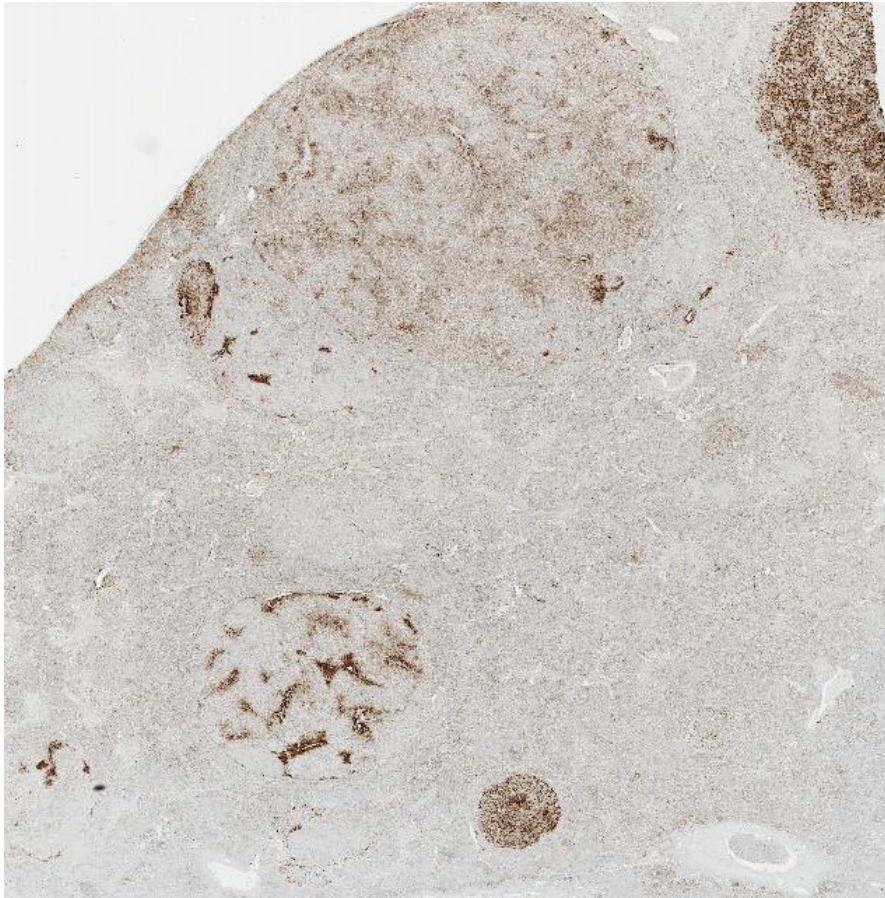


« Adénome »

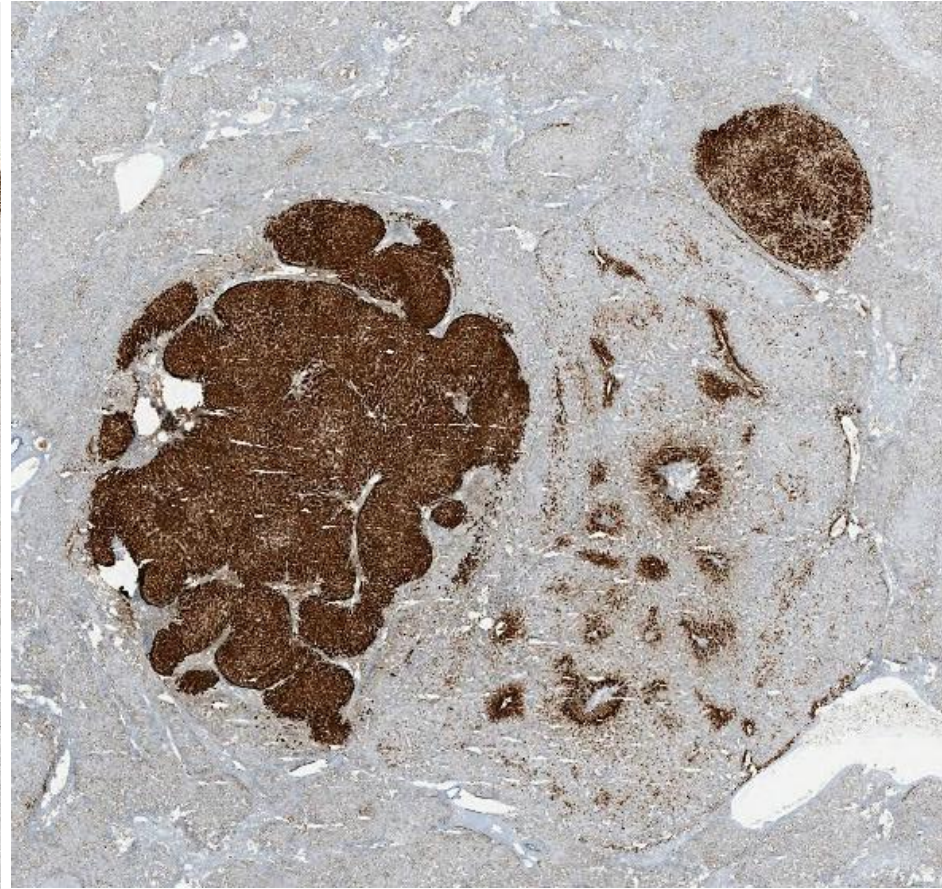


Glutamine Synthetase

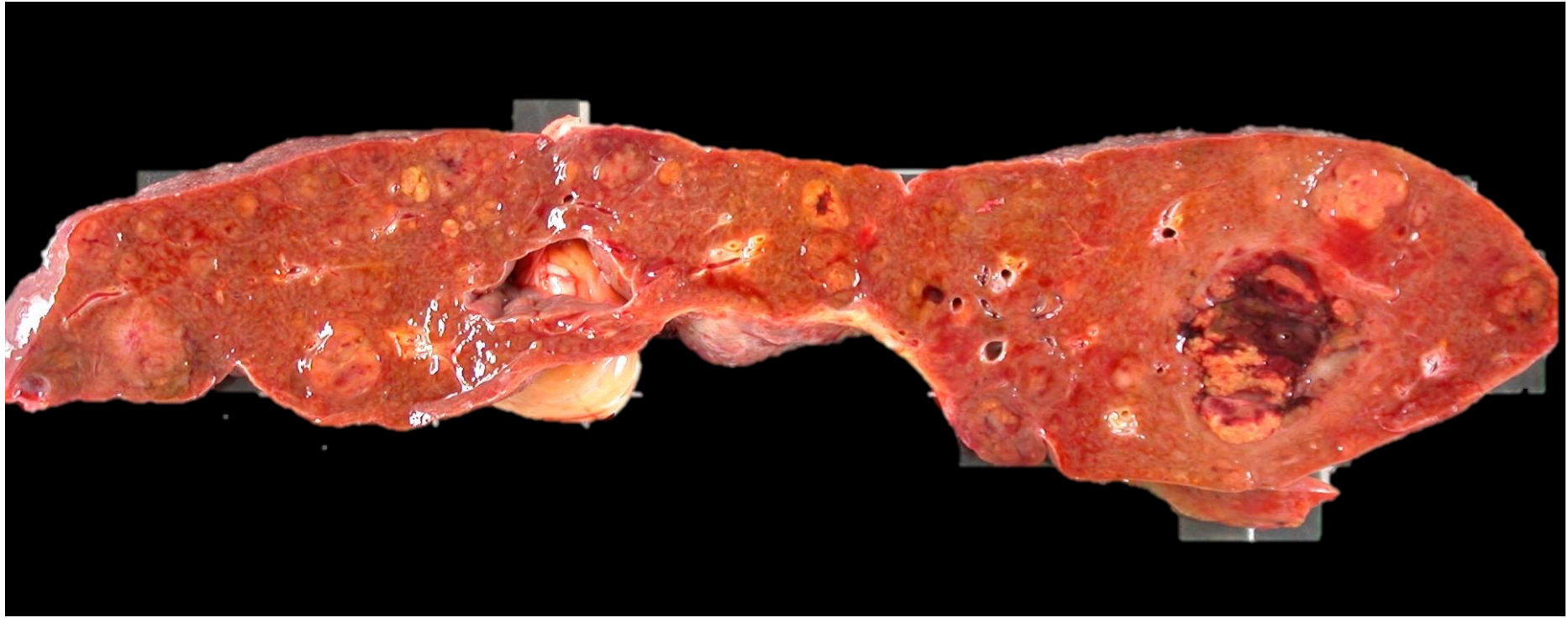
« HNF »

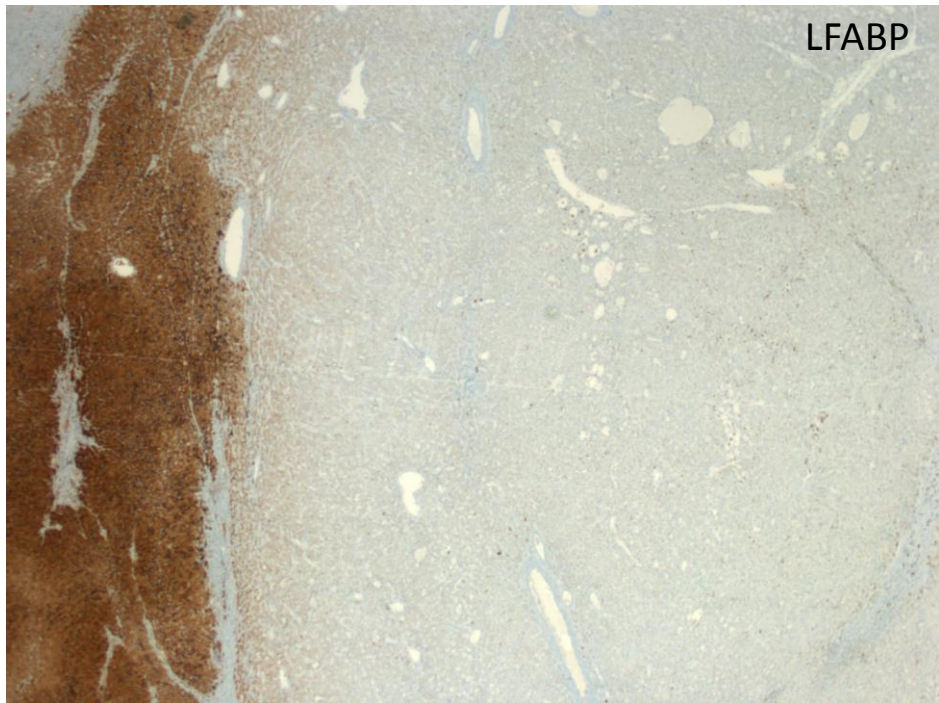
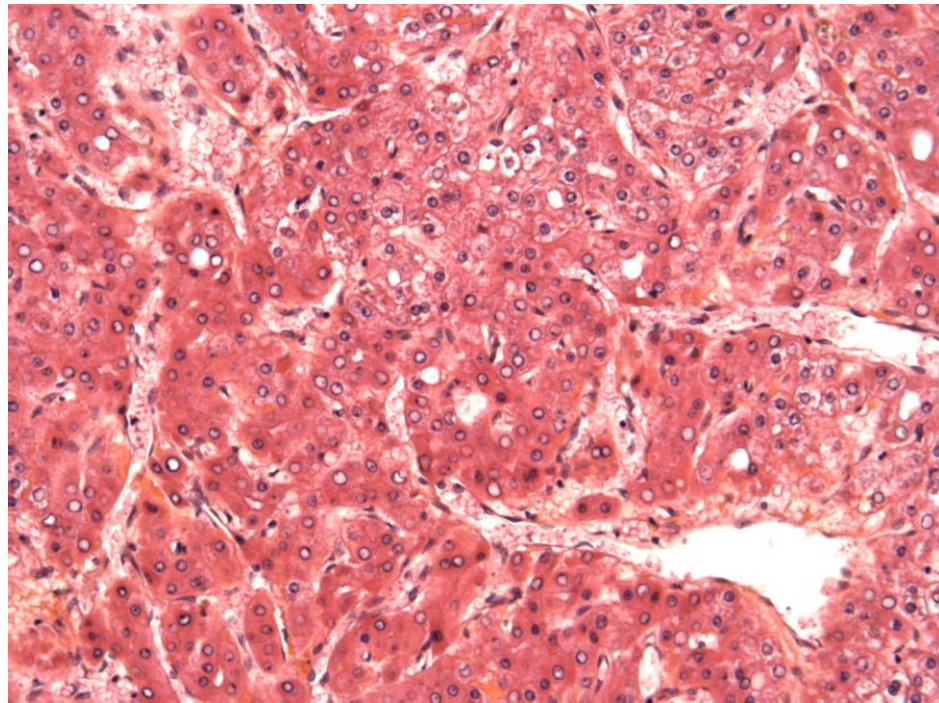
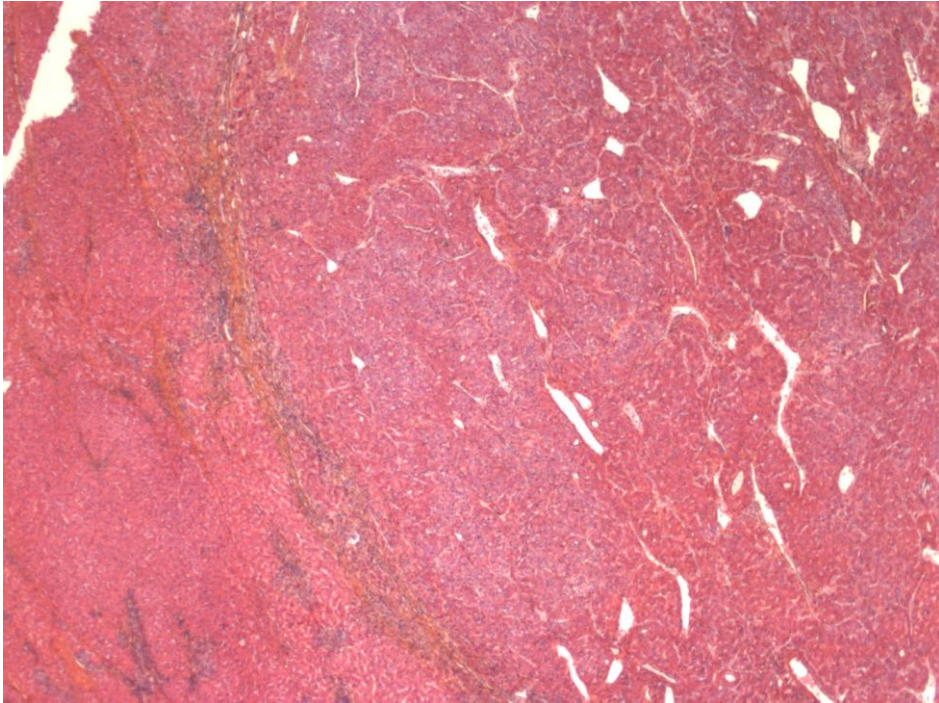


« Adénome activé β -caténine »

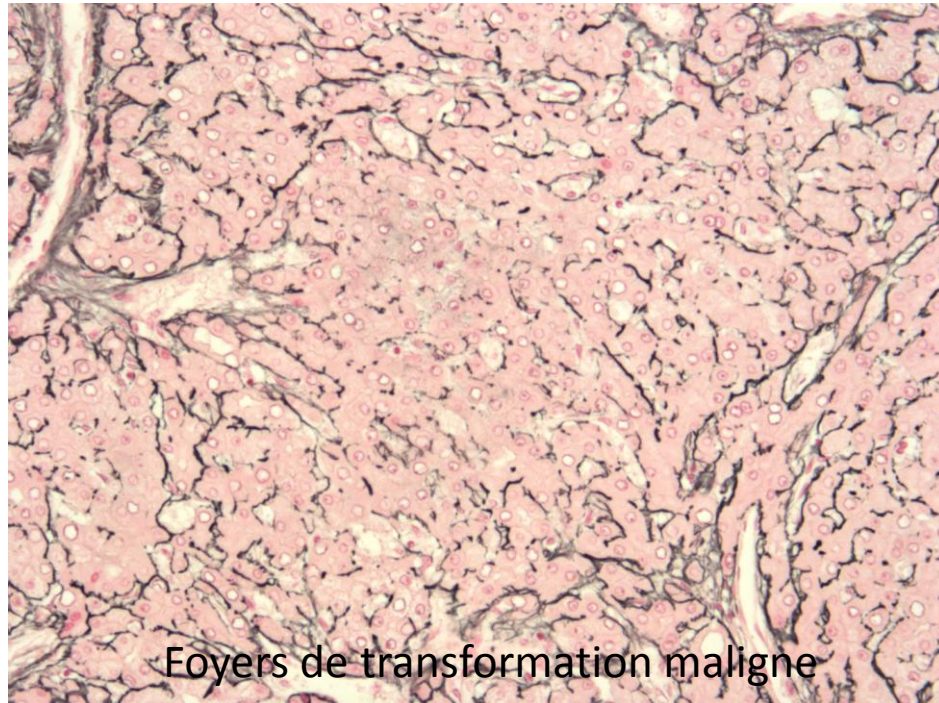


♀ 55 ans BCS (TH)





LFABP



Foyers de transformation maligne

COMMENT ?

Technique

Cytologie



➤ Principe

- Aiguilles fines: 22-25 Gauge
- 22G = 0,7mm
- 25G = 0,4mm

➤ Extraction douce

- Aspiration
- Mouvements de va et vient

Histologie



➤ Principe

- Aiguilles larges: 16-19 Gauge
- 16G = 1,4mm
- 19G = 1mm

➤ Arrachement

- Manuelle
- Automatique « pistolet »

Hepatocellular Adenomas: Accuracy of Magnetic Resonance Imaging and Liver Biopsy in Subtype Classification

- Etude rétrospective 47 AHC (IRM & biopsie)
 - Tel/Inf (34, 72%), LFABP- (11, 23%) and non classés (2,4%)
 - IRM: Typage correct 85% (K interobs 0.86)
 - Biopsie: Typage correct 77%, 82% (+ immunos)
 - Aide Immuno dans les lésions stéatosiques +++

Immunohistochemical Markers on Needle Biopsies Are Helpful for the Diagnosis of Focal Nodular Hyperplasia and Hepatocellular Adenoma Subtypes

[143 AHC]

Dg certain / probable / douteux

TABLE 4. Diagnosis of HCA and Their Subtypes on Biopsies Using Routine Histology and Specific Immunohistologic Markers

	Routine Histology	HCA Subtypes (IHC)					Total of HCA Subtypes
		H-HCA	IHCA	β -HCA	β -IHCA	UHCA	
		Diagnosis certain/probable/doubtful					
Group A							
Biopsies, n = 70	41/27/2	16/0/0	31/3/2*	0/2/1	3/5/0	2/4/1	52/14/4
Surgery, n = 70	66/3/1	16/0/0	31/5/0	0/3/0	3/5/0	2/4/1	52/17/1
Group B							
Biopsies, n = 73	30/31/12	12/2/0	29/9/0	1/0/0	2/5/0	7/4/2†	51/20/2
Groups A + B							
Biopsies, n = 143	71/58/14	28/2/0	60/12/2	1/2/1	5/10/0	9/8/3	103/34/6
	50%	93,3%	81%	31,5%			72%

Et la Taille ?

- Facteur de risque de complication
 - Taille (5 cm) : un critère de l'Algorithme thérapeutique
 - Surveillance vs Résection
- Ne biopsier que les lésions < 5 cm ?
 - Tel/Inf: rechercher activation β -caténine (risque CHC)
 - AHC LFABP -: attitude conservatrice + large (risque complication CHC <) ➔ 6, 8 cm ?

Conclusions

- Tumeurs bénignes à complications potentielles
 - Prise en charge: De la surveillance à la résection

- Diagnostic et typage AHC
 - Imagerie performante

- Histologie (Biopsie) quand
 - Imagerie atypique ou non concluante (Activation β -caténine, AHC inclassés)
 - Contexte clinique

- Performance de la biopsie
 - Bonne à très bonne (Immunohistochimie)

- Biopsie foie non tumoral +++

Merci de votre attention

▪ Inserm U 1149, CRI

« De l'inflammation au cancer dans les maladies digestives » (V Paradis)

- P Bedossa, A Couvelard
- A Couvineau (DR), T Voisin (CR)
- N Guedj, J Cros, V Rebours
- N Poté (doc)
- E Norkowski & A Boyer (M2)
- S Laouirem, J Le Faouder, P Bourgoïn, M Albuquerque (IE)

▪ Hôpital Beaujon

- Anatomie Pathologie (P Bedossa)
- Radiologie (V Vilgrain)
- Hépatologie (F Durand)
- Chirurgie Hépatique (O Soubrane)
- UNITY (D Valla)



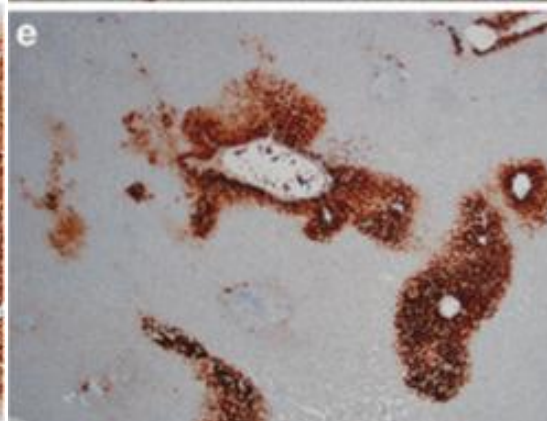
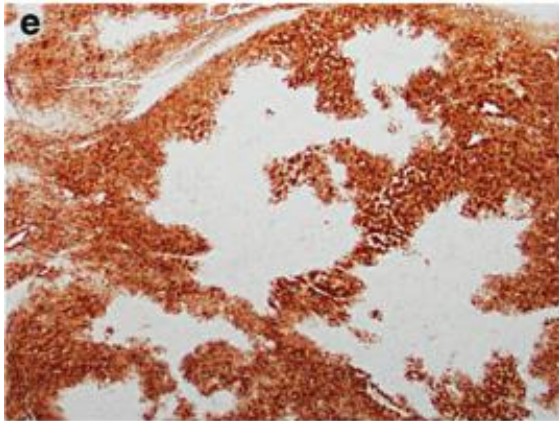
Diagnostic utility and limitations of glutamine synthetase and serum amyloid-associated protein immunohistochemistry in the distinction of focal nodular hyperplasia and inflammatory hepatocellular adenoma

Joseph Mod Pathol 2013

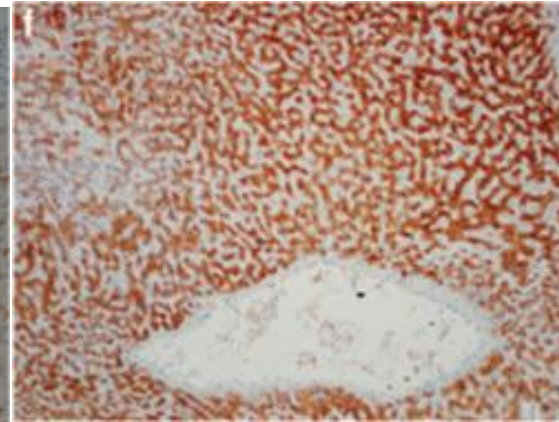
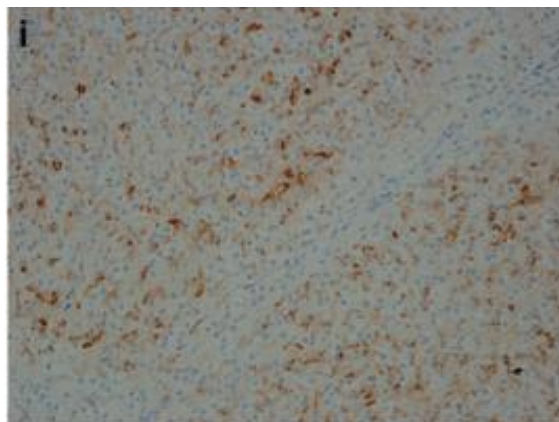
Map-like pattern (90%)

Patchy, periveinular (74%)

Glutamine synthetase



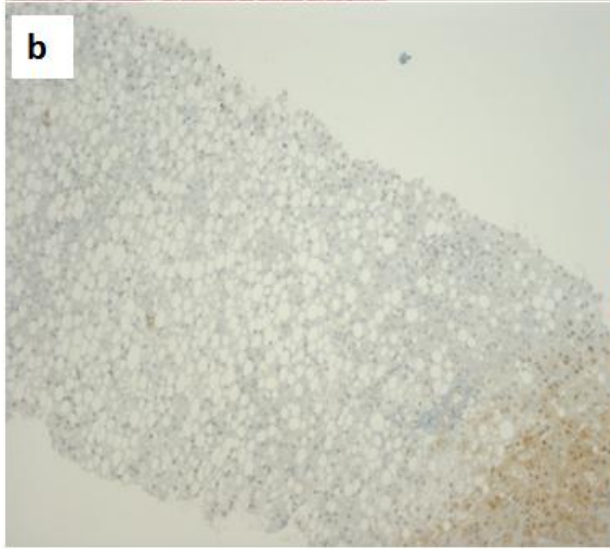
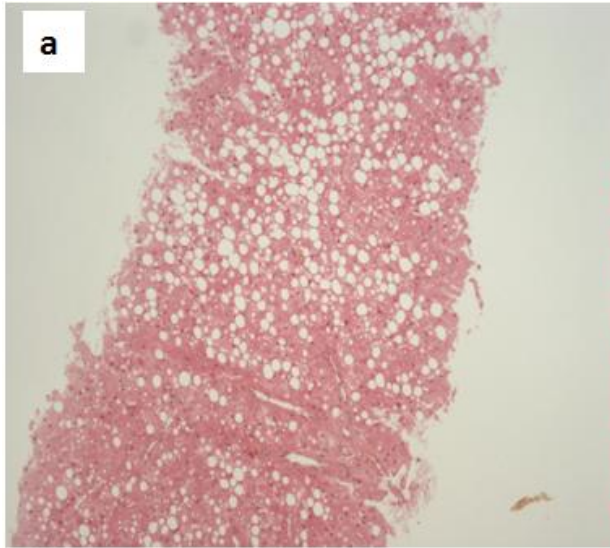
SAA



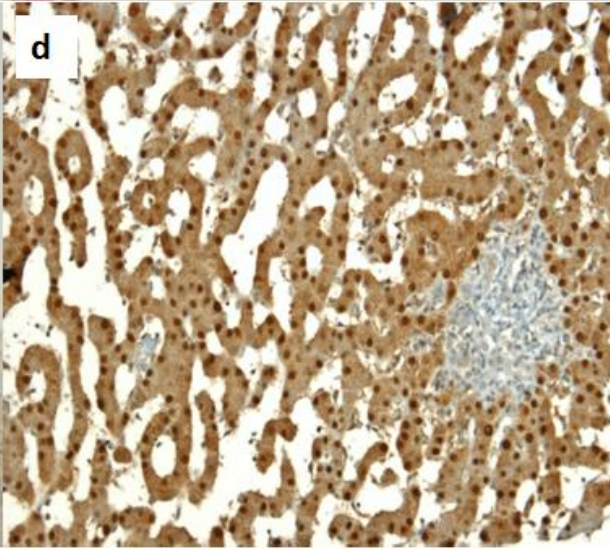
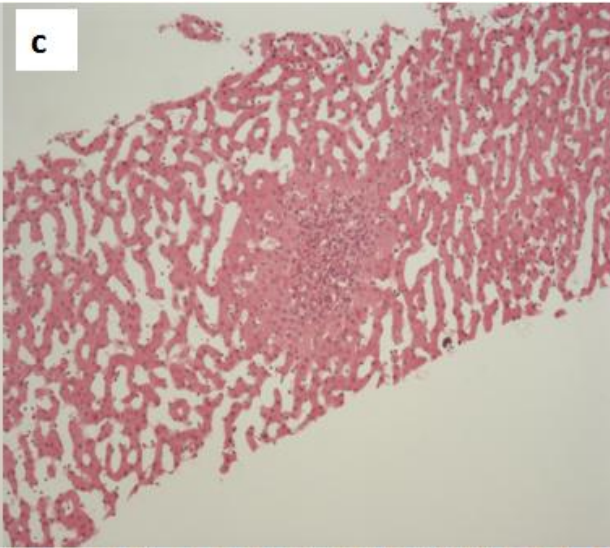
17% (Diffuse, 71%)

93% (Diffuse, 88%)

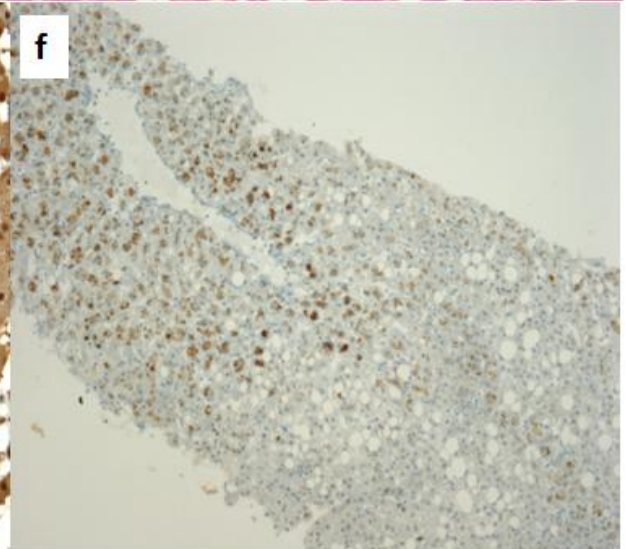
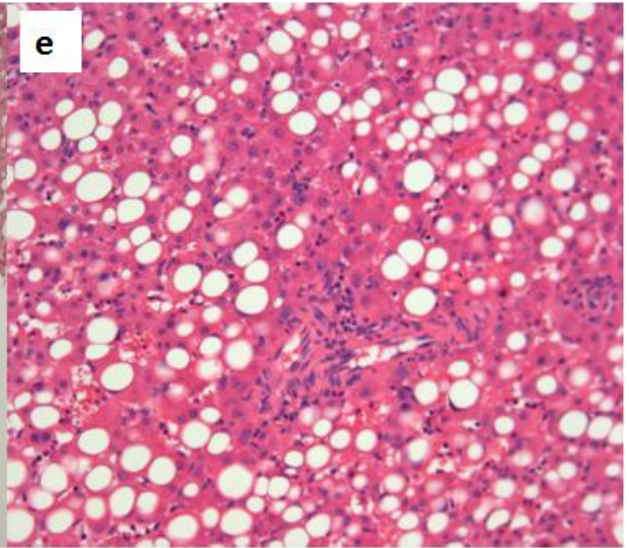
AHC LFABP – (HNF1 α muté)



AHC Tel/Inf (SAA+)



AHC Tel/Inf (SAA+) avec stéatose



♀ 55 ans BCS

