## Infiltrative Hepatocellular Carcinoma: What Radiologists Need to Know<sup>1</sup>

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**Abbreviations:** AFP = α-fetoprotein, HCC = hepatocellular carcinoma, LI-RADS = Liver Imaging Reporting and Data System, OPTN = Organ Procurement and Transplantation Network, UNOS = United Network for Organ Sharing

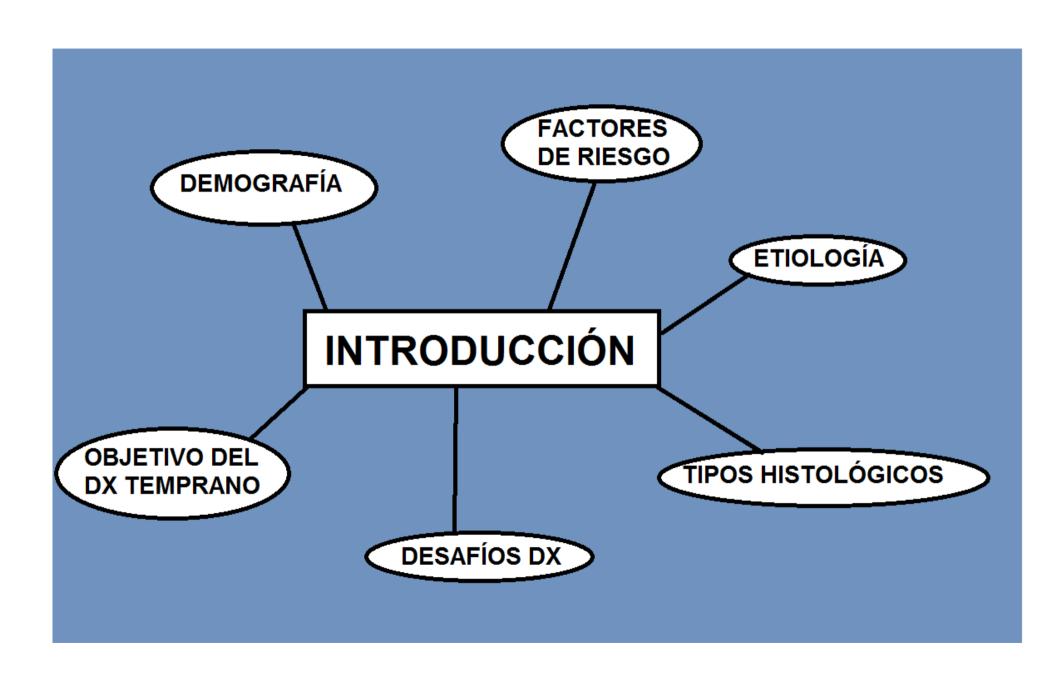
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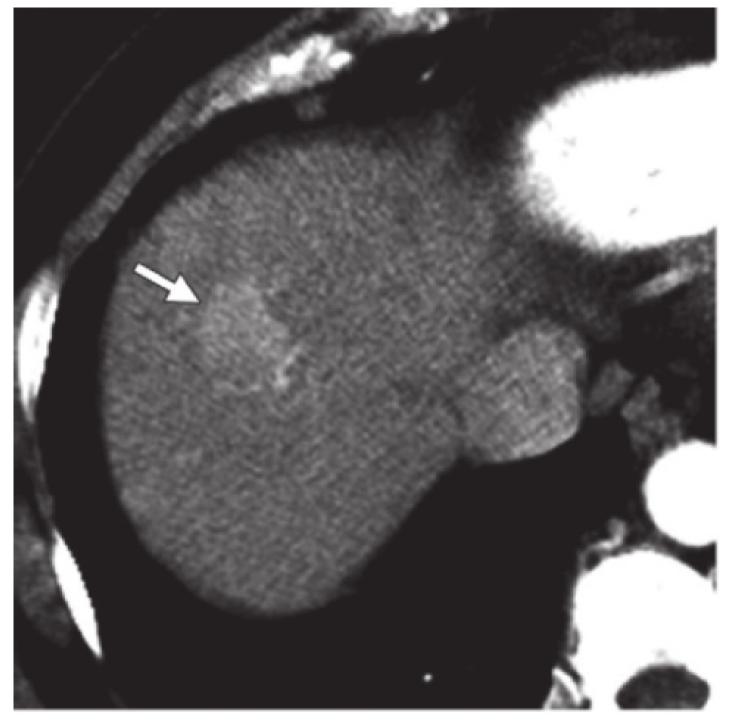
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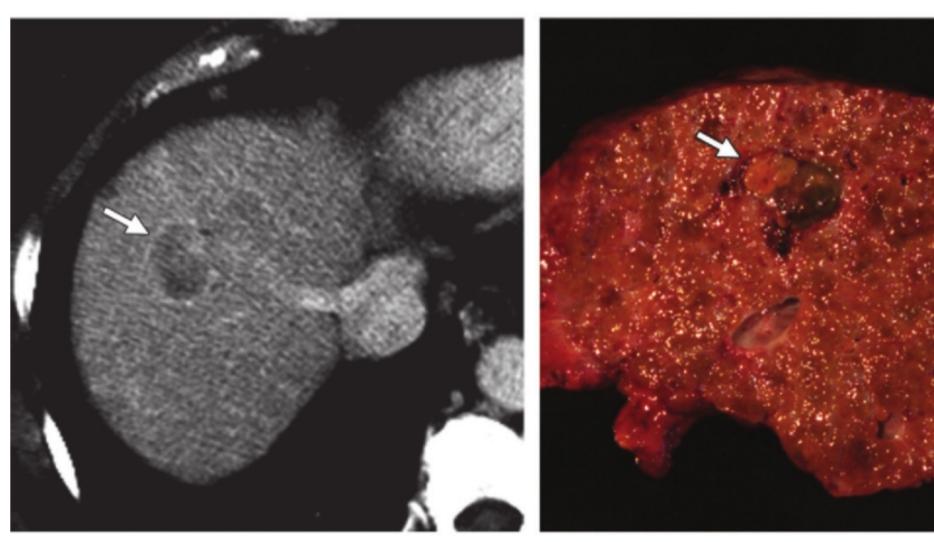
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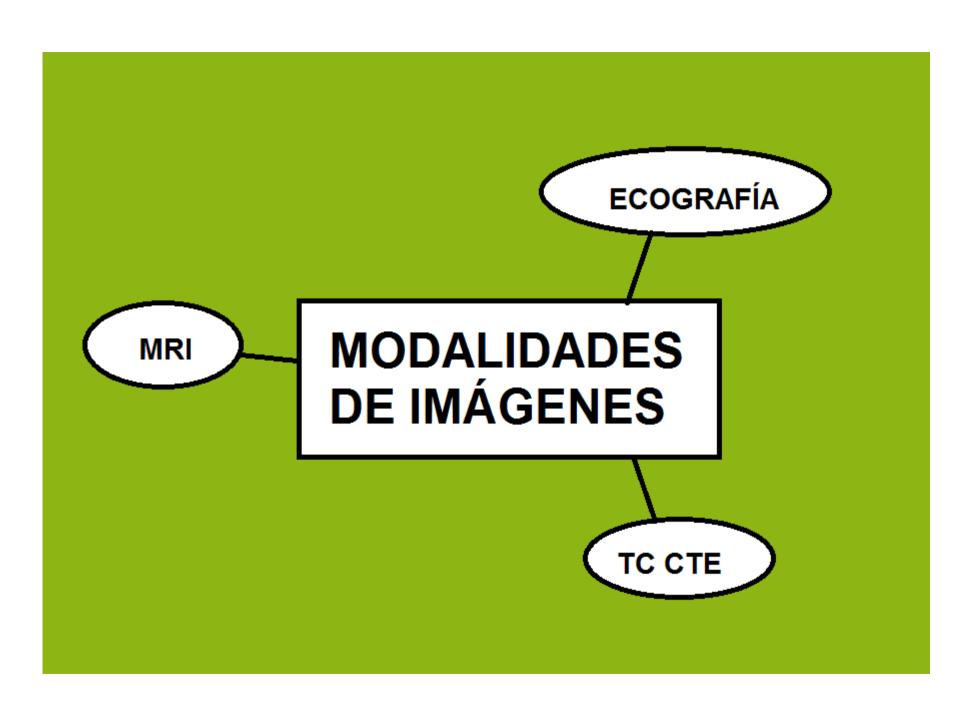


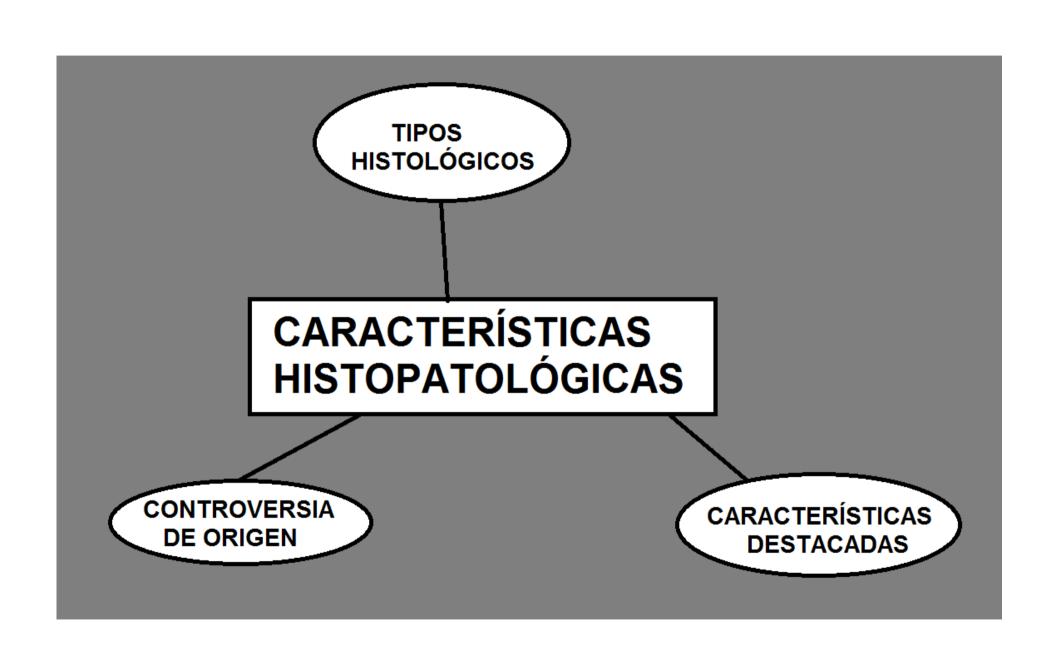


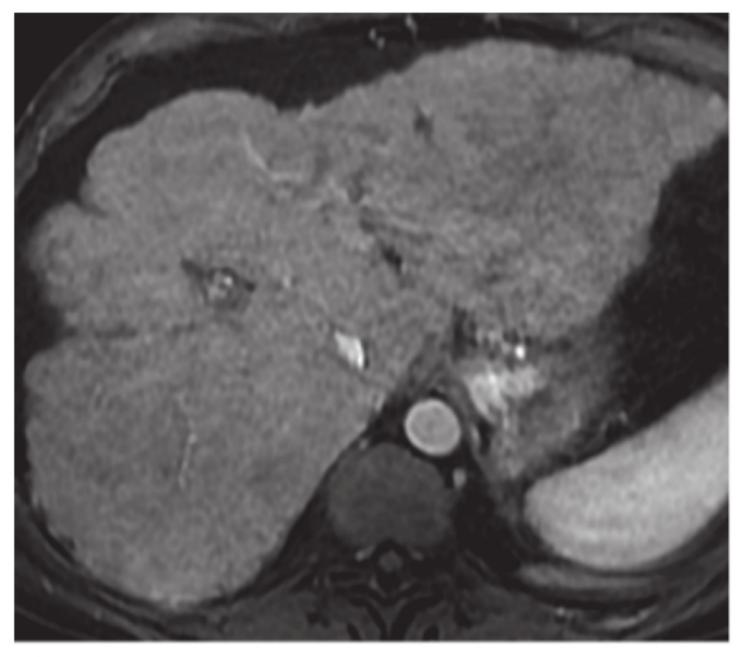
a. Figure 1.



b. c. Figure 1.







a. Figure 2.

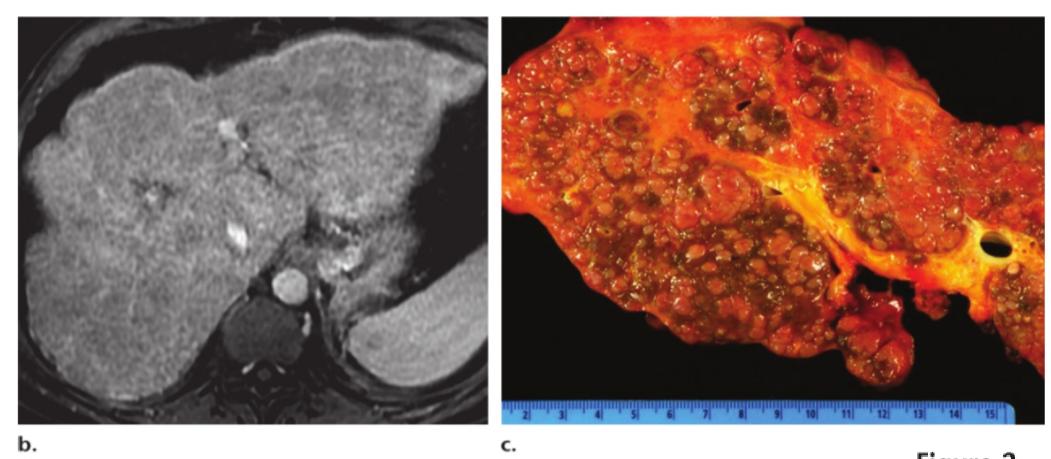
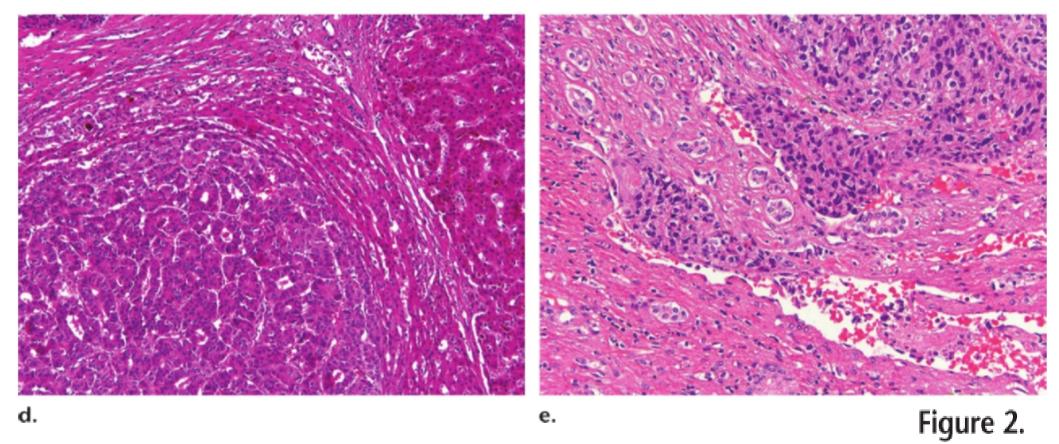


Figure 2.



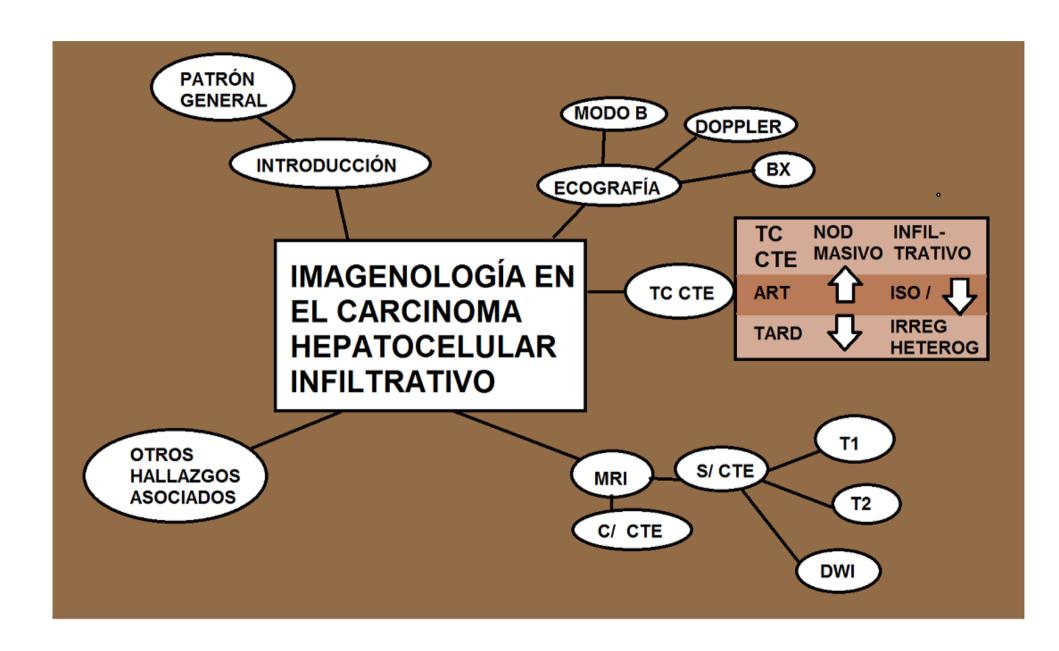
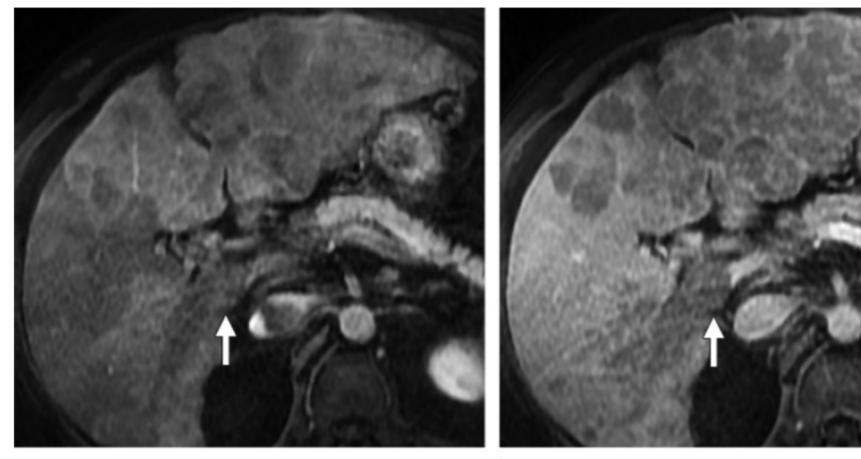
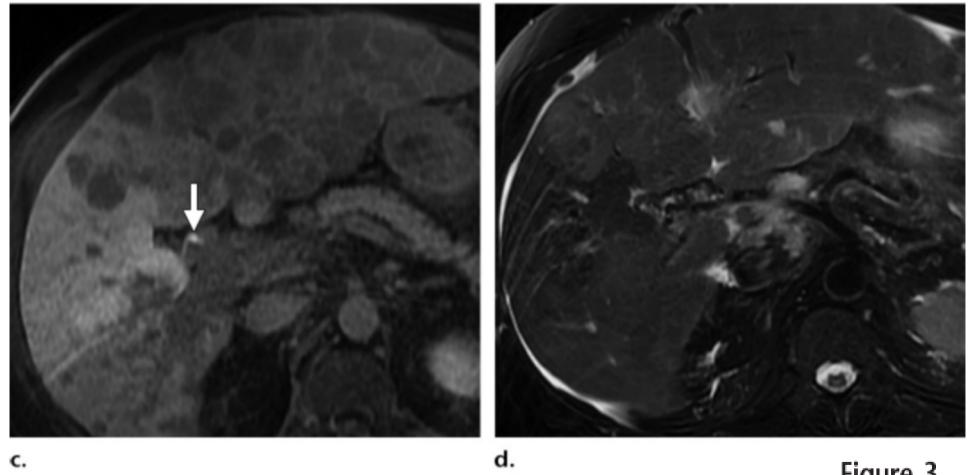


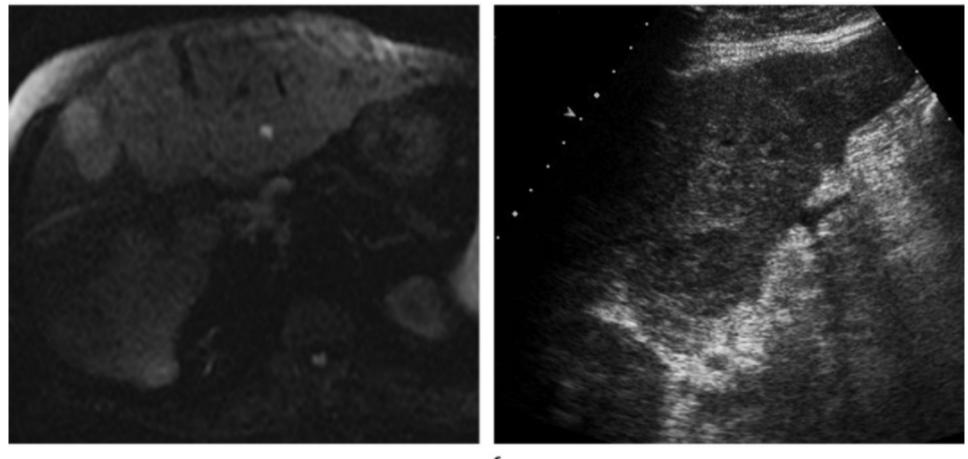
Table 1: Advantages and Pitfalls of Various Modalities for Imaging of Infiltrative HCC		
Imaging Modality	Advantages	Pitfalls and Limitations
US		
Gray scale	Guidance for biopsy	Tumor and underlying cirrhosis often difficult to distinguish
Color and spectral Doppler	Detection of portal vein thrombosis	Tumor and underlying cirrhosis often difficult to distinguish
Contrast-enhanced CT		Ü
Multiphasic acquisitions after contrast enhancement	Detection helped by presence of washout appearance in the tu- mor; identification of enhanc- ing tumoral thrombus	Pattern often indistinguishable from fibrosis and nodularity seen in cirrhosis; minimal heterogeneous contrast enhancement during arte- rial phase
MR imaging		•
T2 weighted and diffusion weighted	Increased visibility compared with dynamic study	Nonspecific appearance
Dynamic study after gadolinium chelate injection	Detection helped by presence of washout appearance in the tumor	Minimal heterogeneous contrast en- hancement during arterial phase
Hepatobiliary phase (after injection of hepatospecific gadolinium-based contrast material)	Detection and assessment of tumor burden helped by hypointensity	Nonspecific appearance



a. Figure 3.



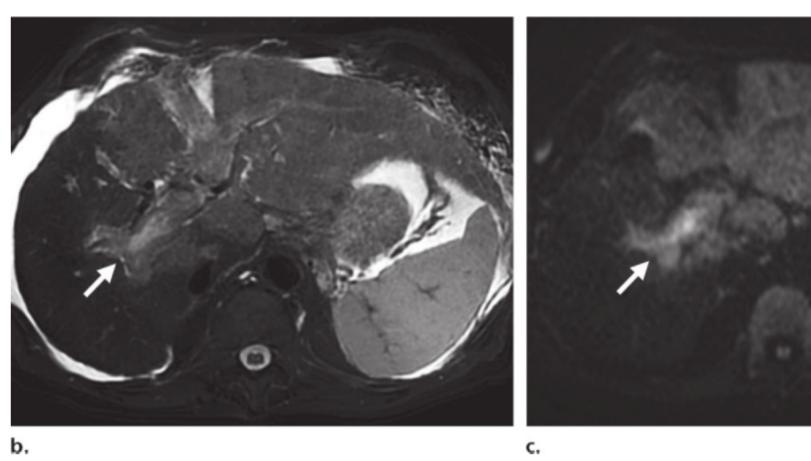
d. Figure 3.



e. f. Figure 3.



a. Figure 4.



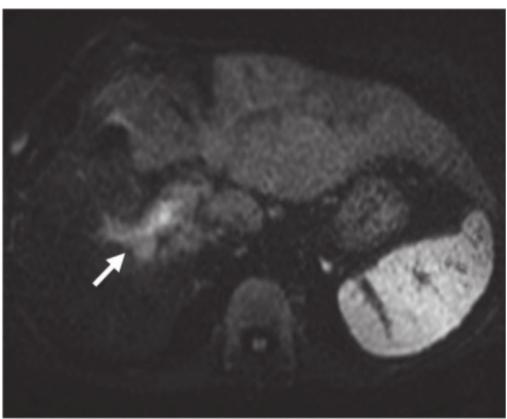


Figure 4.

c.

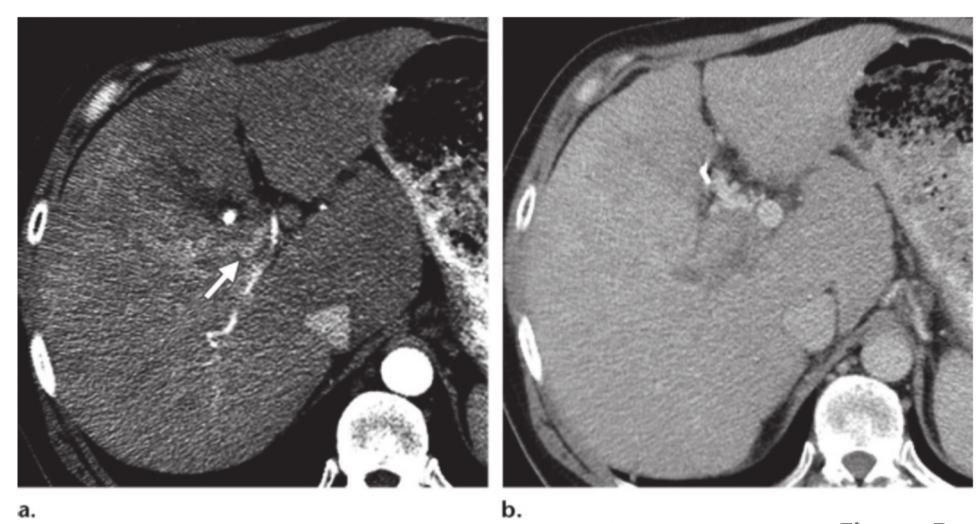


Figure 5.

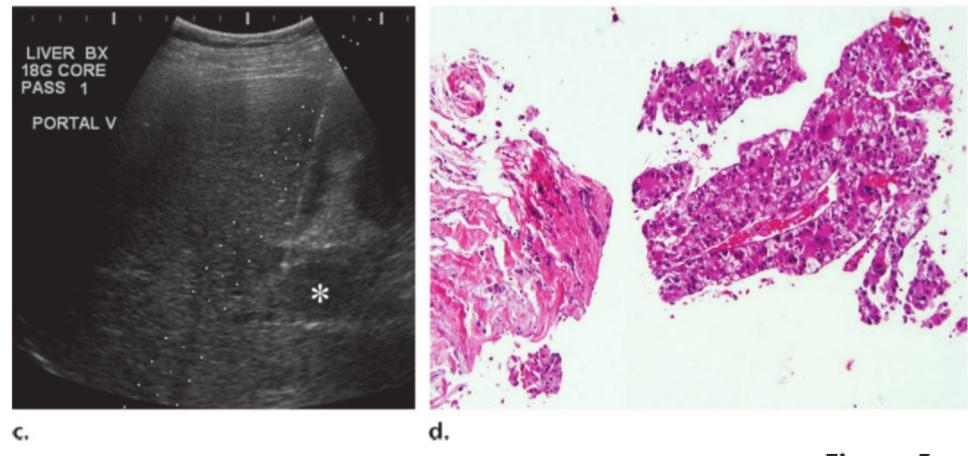
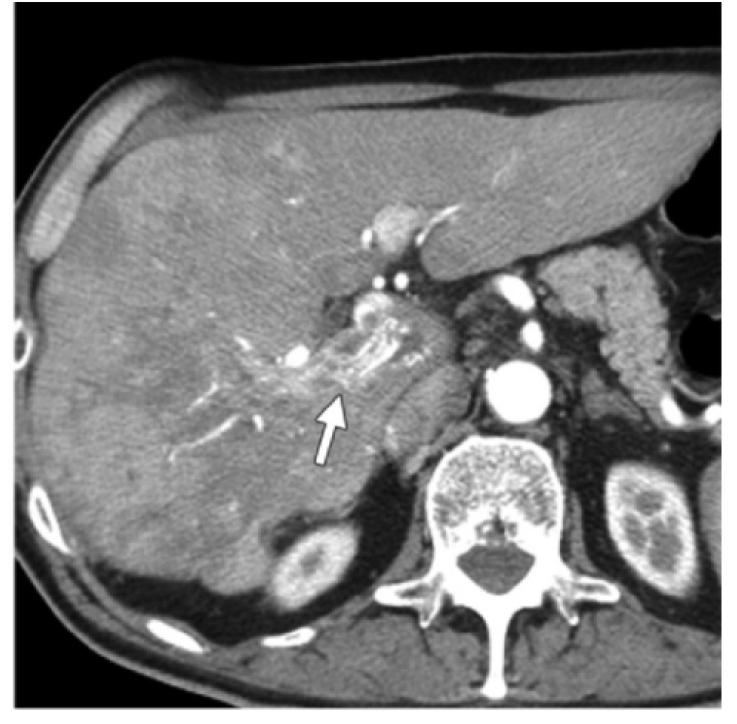


Figure 5.

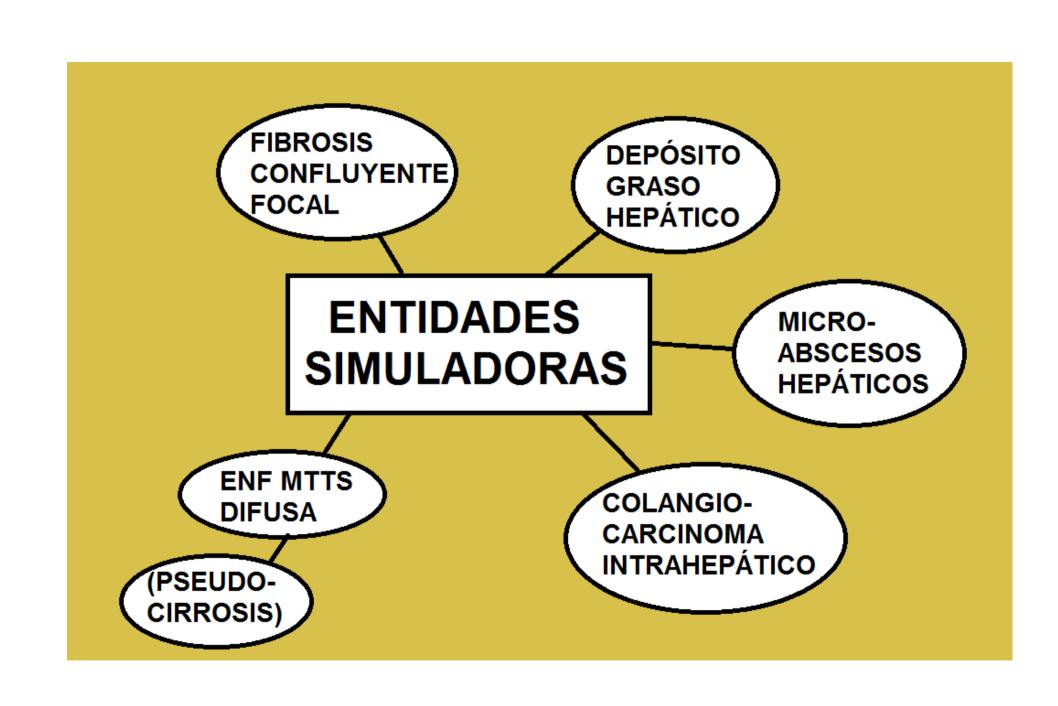


a. Figure 6.

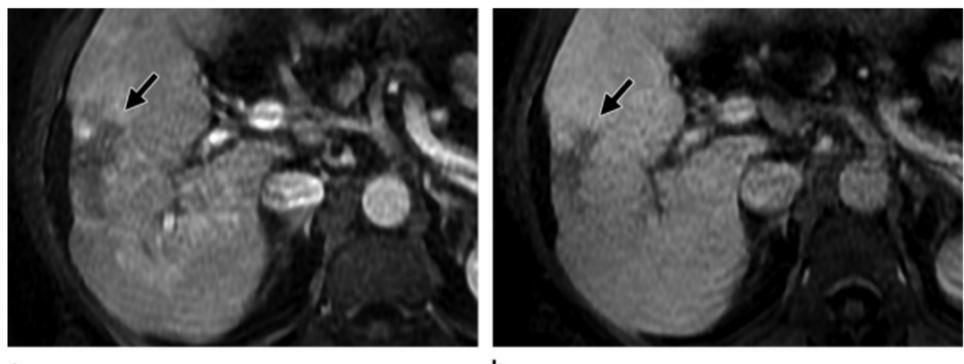




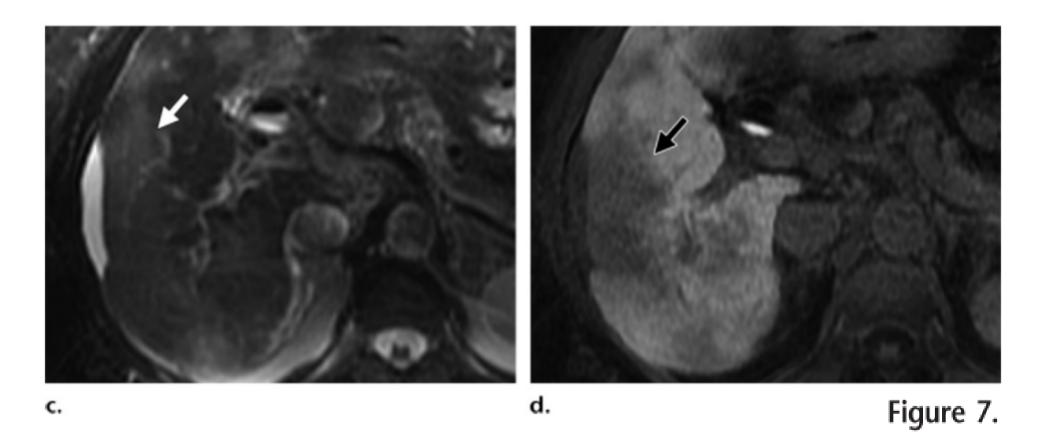
b. c. Figure 6.



Mimics	Imaging Features	Distinction from Infiltrative HCC
Focal confluent fibrosis	Geographic regions of relatively low attenuation at CT, relative hypointensity on T1-weighted images and mild hyperintensity on T2-weighted images at MR imaging	Often affects the anterior and medial hepatic segments, wedge shaped and radiates from the porta hepatis, capsular retraction, delayed contrast enhancement
Hepatic fat deposition	Geographic and nodular pattern of altered attenuation/signal intensity, affected regions may appear as hypointense at hepatobiliary phase MR imaging	Often distinguishable location (adjacent to gallbladder fossa or falciform ligament), signal loss between dual-echo in-phase and opposed-phase gradient-echo T1-weighted MR images
Hepatic micro- abscesses	Multiple hypoattenuating lesions at CT, hyper- intensity on T2-weighted images with faint restricted diffusion and peripheral or septal contrast enhancement at MR imaging	Clinical history
Intrahepatic cholan- giocarcinoma	Ill-defined mass, hypointense on T1-weighted images and hyperintense on T2-weighted images	Irregular peripheral enhancement with gradual centripetal enhancement, capsu- lar retraction, tumor thrombus atypical
Diffuse metastatic disease (pseudo- cirrhosis)	Diffuse metastatic disease with associated alteration of hepatic morphologic features similar to those of cirrhosis	Clinical history of primary malignancy (eg, breast cancer)

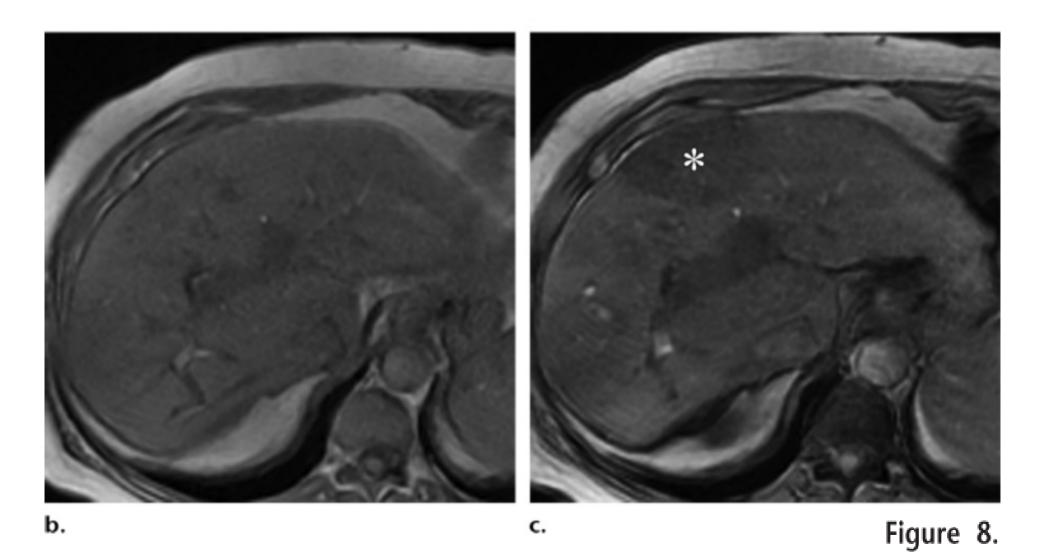


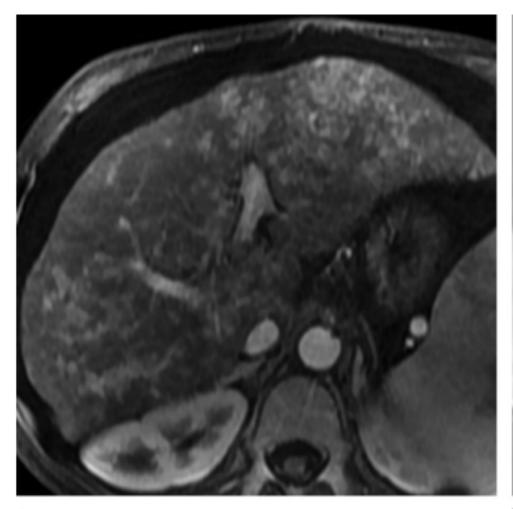
a. Figure 7.

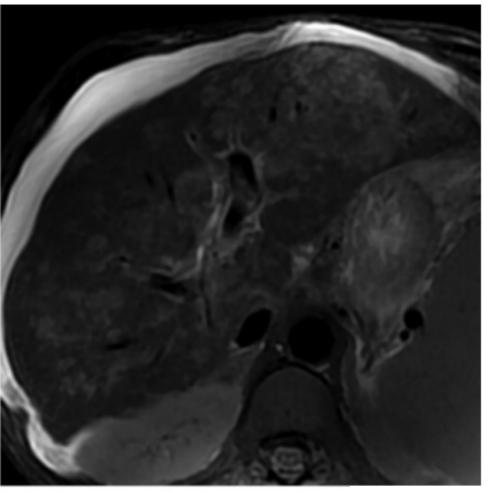




a. Figure 8.

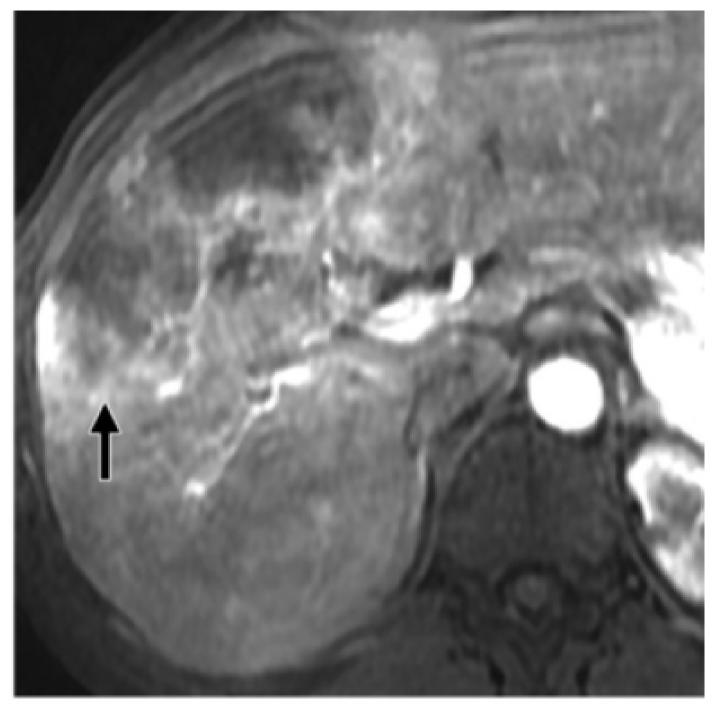




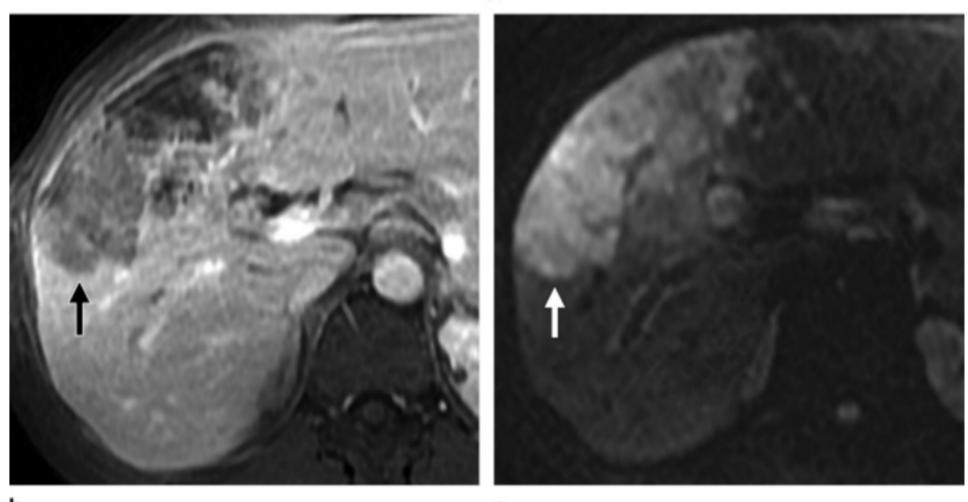


a. b.

Figure 9.



a. Figure 10.



b. c. Figure 10.

