



Surgical Pathology Outside Consultation

Patient Name:	XIE, JIANHUA	Accession #:	S13-44339
MRN:	OSH_86691	Location:	MGH Outpatient
DOB:	9/16/2012 (Age: 9 m)	Institution:	Best Doctors, Inc
Sex:	M	Date of Accession:	7/8/2013
Results To:	David Wayne Harrison MD	Reported:	7/18/2013 16:08
		Printed:	7/18/2013 16:30

FINAL PATHOLOGIC DIAGNOSIS

Micronodular cirrhosis with cholestasis, moderate macrovesicular steatosis and PAS/D positive globules. See note

Note:

The trichrome stain shows nodules composed of hepatocytes and surrounded by fibrosis. A keratin 19 immunohistochemical stain was evaluated. The stain shows marked bile ductular reduplication. In addition, native bile ducts are also identified arguing against a diagnosis of paucity of bile ducts. An iron stain is negative.

A copper stain shows a diffuse increase in intracellular copper. However this finding does not necessarily indicate a diagnosis of Wilson's disease. Elevated copper levels are often found in other chronic diseases of the liver particularly in children as well as in individuals with significant fibrosis as in this instance. Nevertheless, if clinically indicated, further evaluation to exclude a diagnosis of Wilson's disease is suggested.

A PAS/D stain shows numerous periseptal hepatocellular globules. However, these globules are not typical for out of AIAT deficiency. Nevertheless, an immunohistochemical stain for AIAT also shows the presence of periseptal globules. This data raises the possibility of AIAT deficiency and appropriate investigations to either support or exclude this possibility are required. The diagnosis of other heritable metabolic disorders would require appropriate testing and cannot be excluded based on this material alone.

Electronically Signed Out By Vikram Deshpande MBBS

CLINICAL HISTORY

1 year old male

SLIDE-BLOCK DESCRIPTION

Consult materials received from Best Doctors Inc., Boston, MA

A. LIVER, NATIVE, CORE BIOPSY (SP-13-02373 A1; 04/18/2013):

Stained Slides: 1 Unstained slides: 7 Blocks: 0