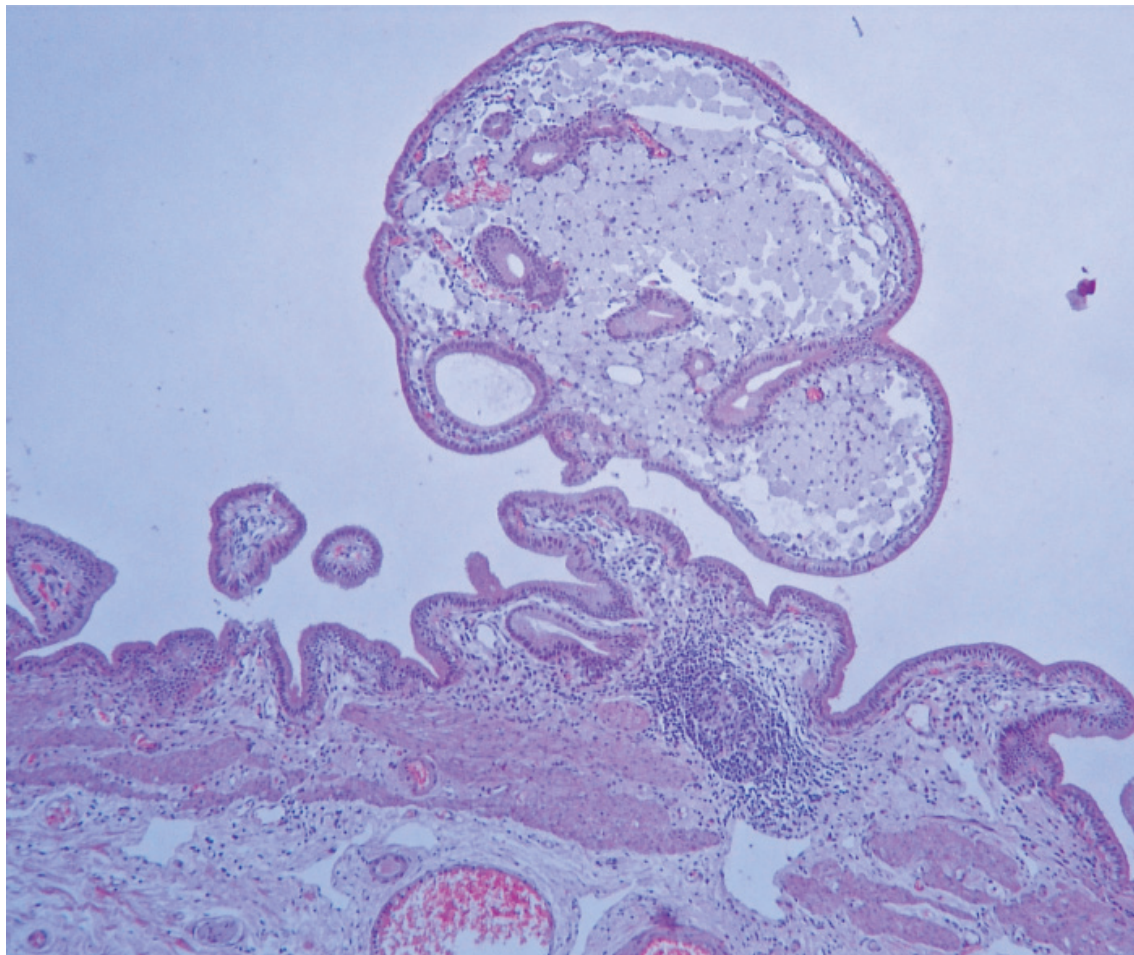


*Klaikaew N*

**Case 1**

A 58-year-old woman presented with dyspepsia. Ultrasonography of upper abdomen showed multiple gall stones with thicken wall gallbladder and gallbladder polyps. Laparoscopic cholecystectomy was done. The section shows a polypoid lesion composed of aggregation of foamy cells at subepithelial area and chronic cholecystitis.

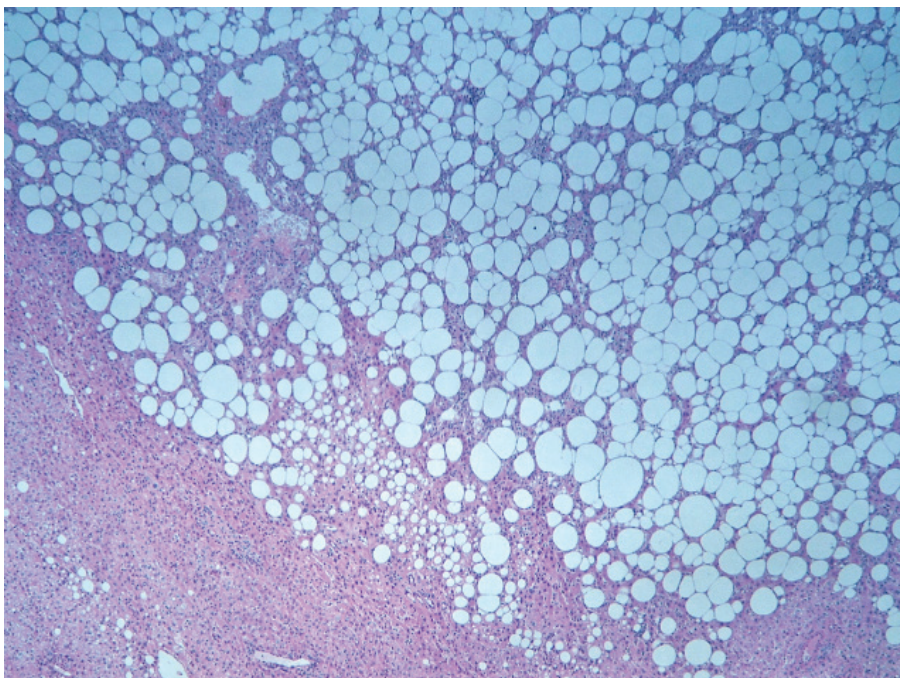
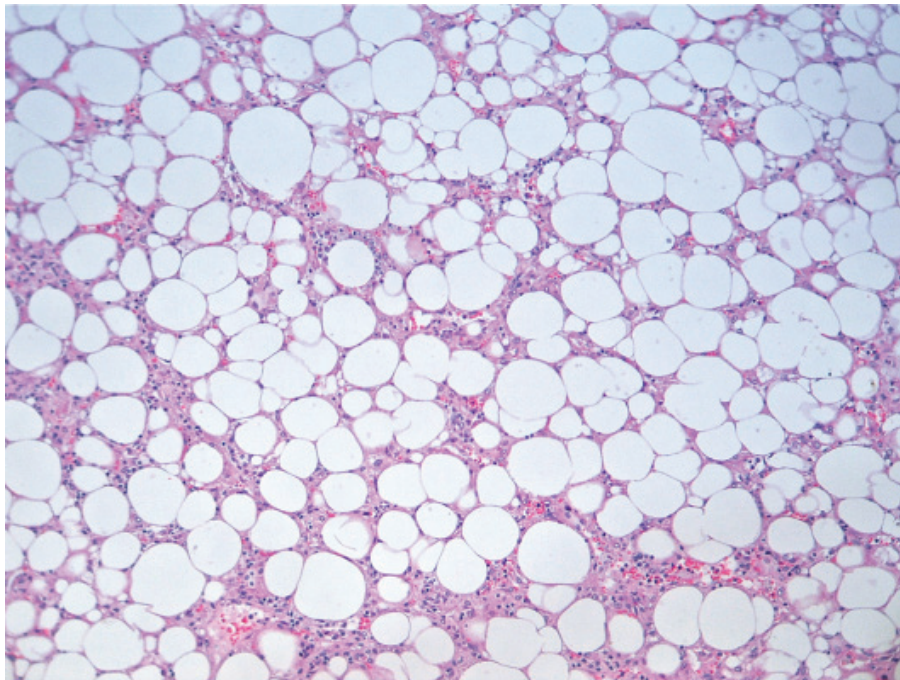


**What is the most likely diagnosis?**

*(Answer see page 59)*

**Case 2**

A 30-year-old man with HBsAg positive had developed 3 cm. liver mass. The alpha fetoprotein was not rising. The imaging findings and biopsy cannot provide a definitive diagnosis. The surgical resection was performed and pathologic section shows a mass in liver composed of three components of mature fat cells, smooth muscle and vessels.



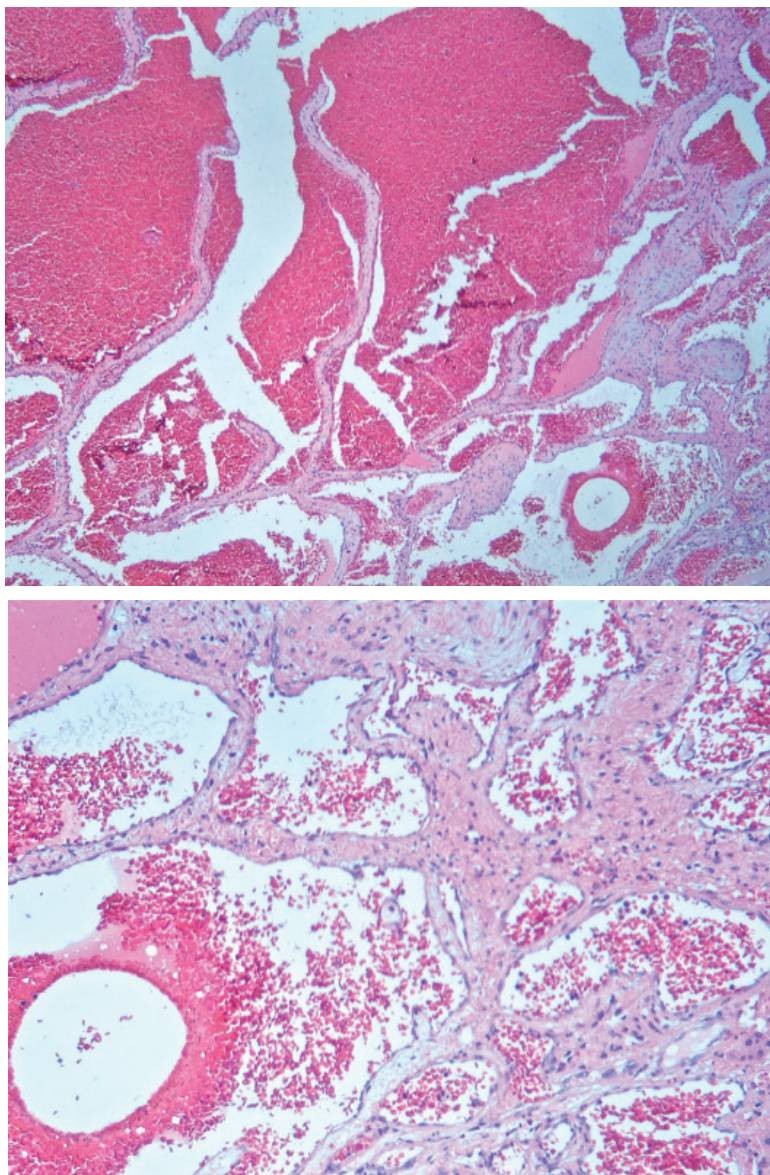
**What is the most likely diagnosis ?**

*(Answer see page 59)*

Klaikeaw N

**Case 3**

A 51-year-old woman had history of a 4 cm liver hemangioma incidentally finding by ultrasonography for 10 years ago. The patient was complaining of abdominal pain since several months and on physical examination she was slightly pale without jaundice, no ascites. At this time the lesion size was 19 cm. The surgical resection was performed and pathologic section shows a mass composed of blood-filled spaces lined with flat endothelial cells. There are scattered fibromyxoid septae.



**What is the most likely diagnosis?**

*(Answer see page 59)*

**Answer for patho corner**

- Case 1 = Cholesterol polyp in gallbladder with chronic cholecystitis.
- Case 2 = Angiomyolipoma of liver
- Case 3 = Liver cavernous hemangioma