Clinicopathological Features of Gastric Hepatoid Adenocarcinoma

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We read with great interest the article on "clinicopathological features of gastric hepatoid adenocarcinoma" by Lin *et al*. in January–February 2015 issue of the Biomedical Journal.[1] We would like to supplement few points that would be beneficial to the readers. Hepatoid adenocarcinoma (HAC) is a rare type of extrahepatic tumor that has a morphological similarity to hepatocellular carcinoma (HCC). Ishikura *et al*.[2] defined hepatoid adenocarcinoma of the stomach (HAS) as primary gastric carcinomas that are characterized by both hepatoid differentiation and the production of large amounts of alpha-fetoprotein (AFP). Currently, the diagnosis of HAS is not dependent on whether AFP is produced, but it is based on the characteristic histological features mimicking HCC. The most common location is the antrum (60.2%), followed by the cardia and fundus. Immunohistochemically, these tumors are positive for AFP, alpha-1 antitrypsin, and alpha-1 antichymotrypsin.

The main differential diagnosis is HCC, AFP-producing gastric tumors, composite gastric tumor (gastric carcinoma consisting of HAC and neuroendocrine carcinoma) and metastasizing germ cell tumors. Generally, in HCC, neighboring cirrhotic lesions are found, and tumor cells are positive for hepatocyte paraffin-1 (Hep Par-1) antibody, a sensitive and specific immunohistochemical marker for hepatocyte differentiation, whereas in metastatic HAS Hep Par-1 is often negative, and neighboring cirrhotic lesions are rare.[3,4]

Therefore, we recommend aggressive immunohistochemical analysis and serum AFP levels in tumors involving the antrum region of stomach, especially with hepatico-lymph nodal metastases, portal vein tumoral thrombosis in older patients with negative viral markers (hepatitis B and C).

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Conflicts of interest

There are no conflicts of interest.

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