

Pseudocirrhosis: a unique presentation of liver metastasis in advanced breast cancer

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Background: Pseudocirrhosis is an imaging finding of malignancies with liver metastasis. Patients usually had typical image characters of cirrhosis but did not have underlying chronic liver disease. Some patients with pseudocirrhosis also had liver cirrhosis-related portal hypertension (pHTN). We conducted the study to define pHTN by the presence of esophageal or gastric varices, and compared patients' outcomes of metastatic breast cancer with imaging-diagnosed pseudocirrhosis with or without varices.

Methods: The medical records from patients with metastatic breast cancer and pseudocirrhosis between 2005 and 2017 were retrospectively analyzed. Survival outcomes were compared based on endoscopic evidence of esophageal or gastric varices.

Results: Among 106 patients with pseudocirrhosis, 33 (31%) had de novo stage IV disease, and 66 (62%) had hormone receptor (HR)-positive and human epidermal growth factor receptor 2 (HER2)-negative breast cancer. Eighty-one (76%) had initial metastases in both hepatic lobes, and 32 (30%) had esophageal or gastric varices. The median overall survival (OS) was 5 and 13 months in patients with and without varices ($p = .002$). The median OS in patients with HER2-positive, HR-positive/HER2-negative, and triple-negative subtype was 16, 9, and 2 months, respectively ($p = .001$). Patients with varices usually had cirrhotic complications, including gastrointestinal bleeding, hyperbilirubinemia, hyperammonemia, and coagulopathy. Despite their challenging clinical conditions, 7 patients with varices had OS exceeding 1 year. In multivariate analysis, evident varices ($p = .007$) and triple-negative subtype ($p = .013$) were associated with poor OS.

Conclusions: Patients with pseudocirrhosis and evident varices had a significantly shorter median OS, and were usually associated with clinical cirrhosis-related complications. Physicians should evaluate patients with pseudocirrhosis carefully and diagnose pHTN early. With advances in anti-cancer therapy and comprehensive supportive care, survival outcome of these patients might not be dismal.