IN RESPONSE

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We thank Dr. Geller for his invaluable notes on the curious case we reported in the last issue of *Autopsy and Case Reports*. In fact, as stated in the microscopic description of that lung tumor, the morphological features suggested a "poorly differentiated adenocarcinoma with hepatoid features," and we agree that this might be a better title for the report. For instance, this was the final diagnosis in the autopsy report since stringent criteria for hepatocellular differentiation as stated by Dr. Geller were not met.

However, we disagree that these criteria should be automatically transposed from the more common gastric hepatoid adenocarcinoma to the much less common hepatoid lung adenocarcinoma. Otherwise, if such tight criteria were always met, should we be diagnosing "hepatocellular carcinoma" (HCC) instead of "hepatoid adenocarcinoma"? It is worth noting that the Greek suffix "-oid" basically means "like, resembling" or "shape, form," and that is the case in our report. As stated by Dr. Geller, Figure 7 certainly resembles HCC. Other authors seem to share this view as stated by Lazaro et al.,[1] who considered abundant eosinophilic cytoplasm and evidence of alpha-fetoprotein production as the *minimum* histological criteria for a diagnosis of hepatoid carcinoma in the ovary.

Despite this discussion on the diagnosis itself, we think this case has an additional role in warning practicing pathologists of the interpretation of lung cancer biopsies. Immunostaining for HepPar-1 and cytoplasmic TTF-1 are not that specific for hepatocellular differentiation, even when general morphological features of HCC are present, especially in the context of poorly differentiated adenocarcinomas.

REFERENCE

1. Lazaro J, Rubio D, Repolles M, Capote L. Hepatoid carcinoma of the ovary and management. Acta Obstet Gynecol Scand. 2007;86:498-9. PMid:17486476. http://dx.doi.org/10.1080/00016340600593117

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