



## Inflammatory pseudotumor: Inaccurate histopathological documentation

To the Editor,

Inflammatory pseudotumor (IP) is a non-neoplastic and non-metastasizing mass, composed of fibrous tissue and proliferating myofibroblasts, associated with a marked inflammation, rich in plasma cells (1). It is a rare condition, particularly found in the lung, but also described in the central nervous system, salivary glands, larynx, bladder, breast, pancreas, spleen, lymph nodes, skin, and liver. The hepatic IP is the most relevant from a clinical point of view, since it can masquerade a malignant liver neoplasm.

We have read with great interest the paper by Tekbas et al. (2), entitled '*A rare, incidental liver mass in an asymptomatic young patient: inflammatory pseudotumor*'. We believe that the histological documentation is inaccurate and the case should not be considered as IP. First of all, the complete histology of the lesion has not been reported and the cystic component of the tumour has not been explained. The histopathological figure shows '*proliferated spindle cells without atypical morphology, lymphocytes, histiocytes, and eosinophils*'. Secondly, the hepatic tissue is not present and the main components of the lesion (fibrous tissue, marked inflammation rich in plasma cells) are not seen in the histopathological picture. In conclusion, an accurate histopathological

documentation is deemed necessary in order to demonstrate the precise nature of the disease.

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**Pusiol Teresa<sup>1</sup>, Morini Alice<sup>1</sup>, Pisciolli Irene<sup>2</sup>, Scialpi Michele<sup>3</sup>**

<sup>1</sup>Department of Anatomic Pathology, Rovereto Hospital, Rovereto, Italy

<sup>2</sup>Department of Radiology, Budrio Hospital, Budrio, Italy

<sup>3</sup>Department of Radiology, Perugia University, Faculty of Medicine, Perugia, Italy

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**Address for Correspondence:** Pusiol Teresa, Department of Anatomic Pathology, Rovereto Hospital, Rovereto, Italy  
E-mail: teresa.pusiol@apss.tn.it

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