CHRONIC HEPATIC VENOUS OUTFLOW OBSTRUCTION IN PRIMARY LIVER CANCER

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The occurrence of occlusion or membranous obstruction of the Inferior Vena Cava (I.V.C.) in Primary Liver Cancer (P.L.C.) has been known for some time. This study was done to ascertain the incidence of I.V.C. obstructions in P.L.C. at Ga-Rankuwa Hospital near Pretoria.

MATERIALS AND METHODS: Patients in whom the diagnosis of P.L.C. were made histologically, were initially examined by way of venograms of the I.V.C. When isotopes became available in 1986, this method was used.

RESULTS: Forty four cases underwent venography and 26 cases had I.V.C. scintigraphy done. In the venogram group, obstruction with collateral formation and filling of the Superior Vena Cava was found in 15 cases (33%). In the scintigraphy group, 12 patients showed an abnormal flow in the I.V.C. with collateral formation (45%). There was poor correlation between I.V.C. obstruction and visual collateral veins on the surface of the body.

CONCLUSION: The incidence of I.V.C. occlusion/obstruction in P.L.C. might have aetiological significance as it is not a result of tumour invading the I.V.C. in most cases.

Our hospital is a local as well as a referral hospital for the Northern Transvaal area. A frequency of 50% of Blacks with obstruction of the I.V.C. having P.L.C. has been reported from this area.

IDENTIFICATION OF NON-LYMPHOID CELLS IN INFLAMMATORY LIVER DISEASE.

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The cells of the Mononuclear Phagocyte System (MPS) are present in large numbers in the liver, but their role and behaviour in inflammatory liver disease in man is poorly studied. Using monoclonal antibodies (mcabs) 3MA 134 and Mac 387, directed to cells of monocytic lineage, we have analyzed the distribution and phenotype of cells of the MPS in 100 B5-fixed, paraffin-embedded liver biopsies showing a broad variety of liver diseases.

Mcab 3MA 134 uniformly labeled Kupffer cells, their number and localization varying according to the type of liver disease. Mcab Mac 387 failed to react with Kupffer cells, and was unreactive with uninflamed, normal liver tissue. In a wide variety of inflammatory liver diseases however, Mac 387+ cells with dendritic shape were admixed with T-lymphocytes in areas of spotty necrosis, and strongly expressed HLADR-antigens. Similar HLADR+ Mac 387+ dendritic cells were situated at the edge of portal tracts in 75% of cases with chronic agressive hepatitis, but not in cases with chronic persistent hepatitis. In cases of early PBC, Mac 387+ dendritic cells tended to surround involved bile ducts.

On conventional and immuno-electronmicroscopy, Mac 387+ cells were situated in the Disse space, formed close contacts with lymphocytes, showed monocytic features but lacked classical phagocytic properties.

In view of their phenotype and distribution, and in analogy with dendritic cells in other non-lymphoid organs, we suggest Mac 387+ cells to correspond to monocyte-derived accessory dendritic cells that modulate antigen-specific T-cell proliferative responses in areas of spotty and piecemeal necrosis.