

Review of: "Advancements in the Detection and Treatment of Rare ALK Fusion Mutations in Hepatocellular Carcinoma: A Case Report and Literature Review"

Ovidiu Pop¹

¹ University of Oradea

Potential competing interests: No potential competing interests to declare.

The subject of the article is interesting but raises big diagnostic problems. The authors specify that the pathological result of TBNA lymph node biopsy is HCC. The IHC result does not support this diagnosis. Positive CK7 expression is not found in the diagnosis of HCC (there are rare exceptions). There is no marker to support the hepatic origin of the metastasis from the mediastinal lymph node.

Taking into account that most frequently in the mediastinal lymph nodes a metastasis of pulmonary origin will be found and the fact that the IHC profile is in line with the diagnosis of ADK NOS, I consider that the diagnosis of HCC is erroneous.

The authors say that the biopsy from the bronchial mucosa is negative. It is known that lung adenocarcinoma is not a centrohilar cancer. In general, this type of cancer is located more peripherally. Positive ALK expression is found in lung adenocarcinoma.

I believe that until the hepatic origin of the metastasis is proven without any doubt, this article cannot be published