

A 51-year-old male underwent orthotopic liver transplantation (OLT) due to posthepatitis C cirrhosis in April 1993. The liver was procured from a healthy, 43-year-old male donor who had died of brain damage after an accident. Sonographic study of the donor liver showed no abnormal masses within the porta hepatis.

The immunosuppressive regimen after OLT included therapy with antithymocyte globulin (ATG, 2mg/kg; Fresenius) for 7 days, followed by cyclosporin (CyA), prednisone, and azathioprine at low doses. Fever and a progressive cholestasis led to a percutaneous liver biopsy on day 11 that revealed an acute rejection. Methylprednisolone (500 mg) bolus therapy was initiated for 3 days and serum bilirubin and transaminases gradually returned to normal.

Two months after OLT, the patient was admitted to the hospital again because of cholestasis, jaundice and pruritis. Doppler sonography showed slightly dilated intrahepatic ducts, a patent portal vein, anomalous flow within the hepatic artery and a hypoechoic nodule of 35 mm intrahepatically between segments IV and V of Couinaud's anatomy. A fine needle biopsy of the nodule was performed but the material obtained was insufficient. Percutaneous transhepatic cholangiography was normal. Another liver biopsy showed an acute rejection that required methylprednisolone (500 mg) bolus therapy again for 3 days.

From Y. Ribas et al, "Post-transplant lymphoma in a liver allograft", *Transplant International*, 8., 1995: 448-49