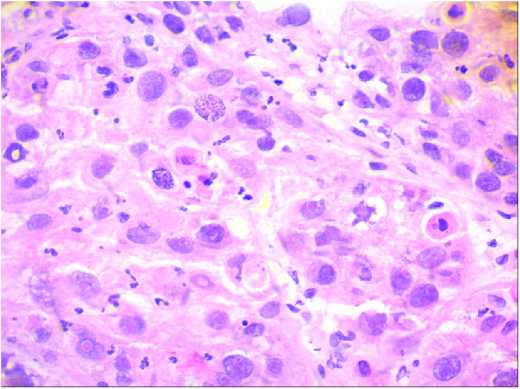
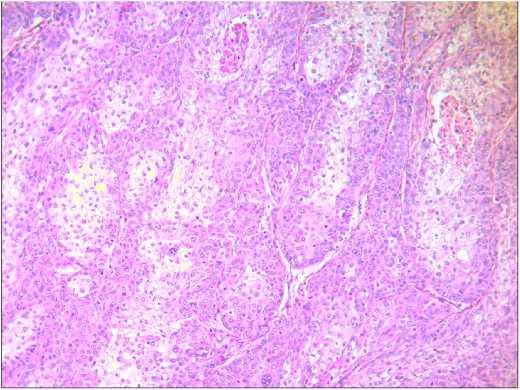


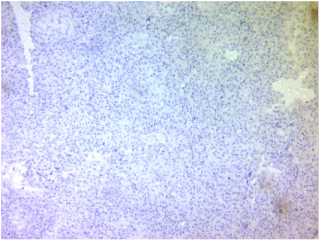
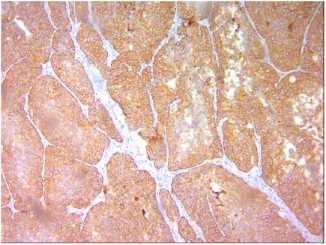
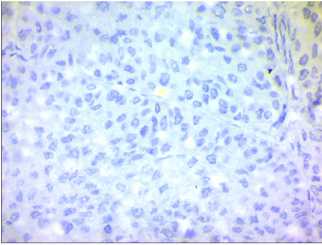
Figure 1: CT scan of the abdomen with and without injected contrast after first admission. The arrow shows a large enhancing solid mass with central necrosis in left subhepatic originated from gallbladder with fat stranding



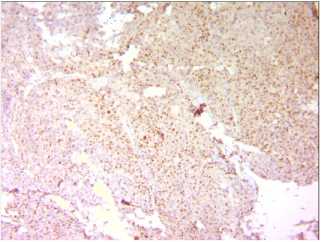
1. (B)

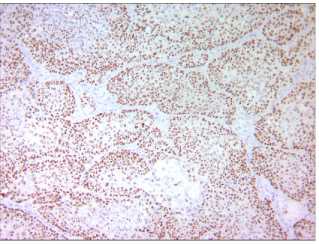
Figure 2: (a)H&E(4x) This figure shows sheets and nests of atypical and pleomorphic epithelioid tumoral cells.

(b) H&E(40x) At higher magnification, pleomorphic hyperchromatic and vesicular nuclei, conspicuous nucleoli, and dyskeratotic cells are evident



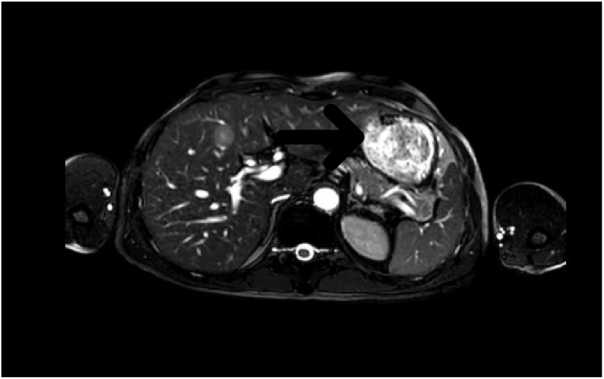
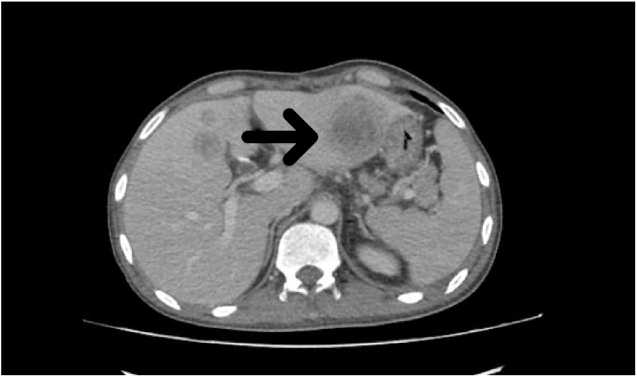
1. (B) (C)





(E) (F)

Figure 3: (a) Heppar1(4x) Neoplastic cells show no reactivity with Heppar1. (b)PanCK(4x) PanCk is diffusely expressed by tumoral cells. (c) synaptophysin(40x) Synaptophysin is negative in neoplastic cells. (d) p63 (4x) Tumoral cells show diffuse intense nuclear staining by the P63 marker. (e) ki-67(4x) Ki-67 index is around 70%.



1. (B)

Figure 4 : (A) MRi of the abdomen with and without injected GAD ( T2W) before starting the metastatic line chemotherapy. The arrow shows a mass in the liver (B) CT scan of the abdomen with and without injected contrast after two courses of chemotherapy. The arrow shows a mass in liver as an stable lesion according to radiologist comment

