

IMMUNOHISTOCHEMISTRY, HEPATOCYTE SPECIFIC ANTIGEN (HSA)

IHC MARKER	RESULT
HEPATOCTYTE SPECIFIC ANTIGEN (HSA)	

SLIDE NO :

SPECIMEN:

CLINICAL HISTORY :

GROSS:

IMPRESSION:

ADVISED:

INTERPRETATION

RESULT	SCORE
Non immunoreactive	0
Immunoreactive in 1-25% cells	1+
Immunoreactive in 26-50% cells	2+
Immunoreactive in 51-75% cells	3+
Immunoreactive in 76-100% cells	4+

COMMENTS

Hepatocyte Specific Antigen (HSA) : has been demonstrated consistently in vast majority of Hepatocellular carcinomas. Studies have shown the utility of HSA in the differential diagnosis of Hepatocellular carcinoma, Cholangiocarcinoma and Hepatoblastoma. HSA recognizes both benign and malignant liver tissues as well as normal adult and fetal liver tissues. This antibody is useful in differentiating Hepatocellular carcinomas with adenoid features from Adenocarcinomas either primary in the liver or metastatic to the liver. It is also useful in differentiating Hepatoblastoma from other Small round cell tumors. Clone for HSA is HSA/ E8.

NOTE:

1. Detection system used is Polymer HRP
2. The impression is based on the material submitted and is not a complete surgical pathology report.
3. False negative IHC results due to inadequate fixation of the material sent for evaluation cannot be excluded.

FIXATION REQUIREMENTS

- A. The volume of formalin fixative should be atleast 10 times the volume of the specimen.
- B. Decalcification solutions with strong acids should not be used.
- C. Specimens should be immersed in fixative within 1 hour of the biopsy / resection procedure (time of removal & time of immersion to be mentioned)
- D. In all resection (large) specimens, the tumour must be bisected prior to immersion in fixative.