Hepatic sarcomatoid carcinoma is a rare malignant neoplasm of unclear pathogenesis. Presenting symptoms of sarcomatoid carcinoma are similar to those of hepatocellular carcinoma (HCC), and include abdominal pain, weight loss, anorexia, and fatigue, which were experienced by the case for our patient, in this case.

Hepatic sarcomatoid has a high risk of relapse, venous and intrahepatic invasion, and distant lymph node metastases at time of diagnosis. The preferred treatment for hepatic sarcomatoid carcinoma is surgical resection, and the overall prognosis is poor. Previous studies have reported the usefulness of chemotherapy, and literature review has found one study with documentation of complete resolution of hepatic sarcomatoid carcinoma after seven cycles of doxorubicin and ifosfamide. However, no large-sample studies exist. Efficacy of alternative treatments such as radiotherapy, chemotherapy, and targeted therapy are unclear.

Liver malignancy can also be secondary to a primary gastrointestinal (GI) sarcoma, and the development of hepatic sarcomatoid carcinoma may be due to the progression of a GI malignancy. Her presentation was confounded by a history of iron-deficiency anemia, and development of a hepatic abscess after surgical intervention to unroof a recurring cyst which turned out to be a hematoma. Cystic hepatic lesions of the liver are a common occurrence but rarely lead to primary liver neoplasms. The diagnosis of hepatic sarcomatoid carcinoma remains elusive due to its vague symptomatology and rarity. Additional studies are needed.
needed to explore possible adjunctive therapies to surgical resection in order to improve survival rates.