

Images in Hepatology

Hepatic pseudolesion frequent image at multislice computed tomography

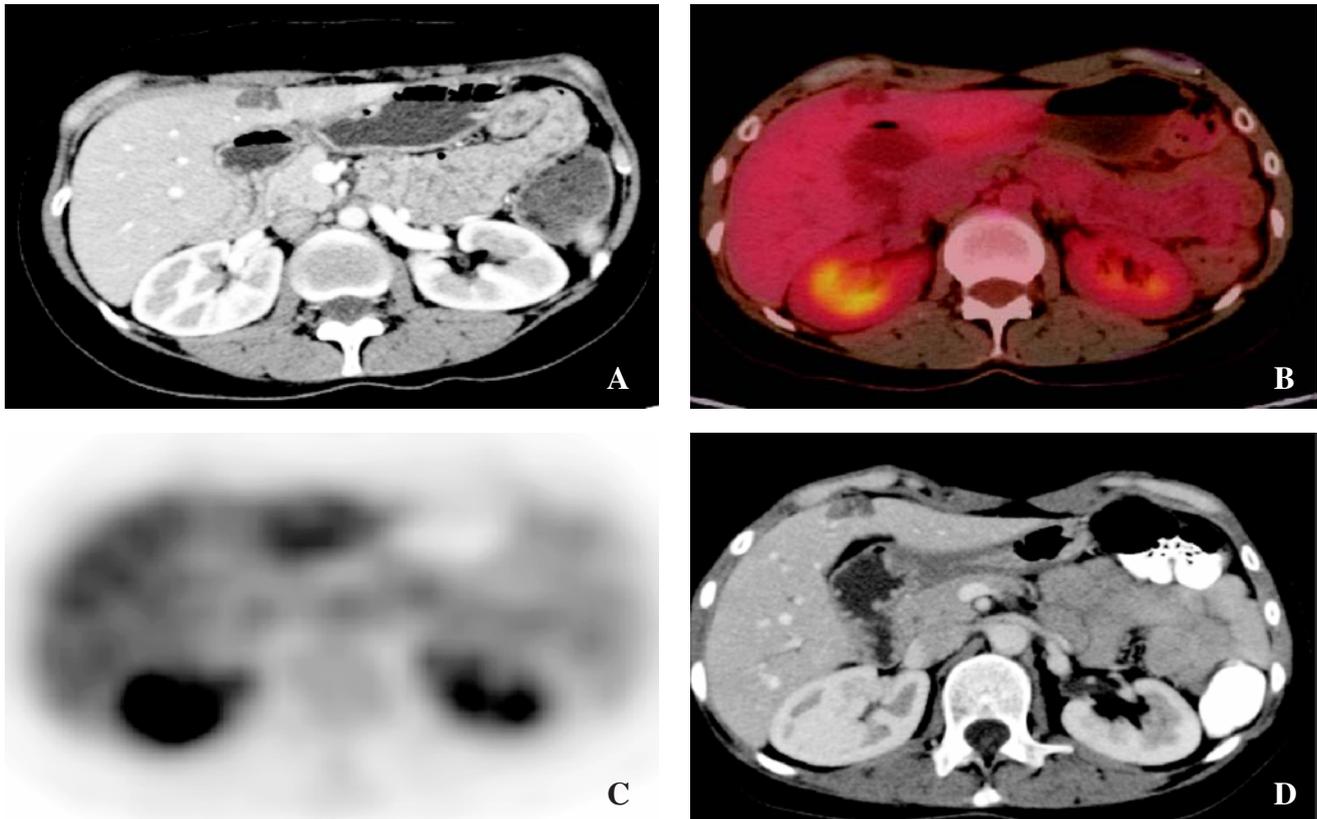
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Figure 1. The present pseudolesion was present in a 44-year old woman with suspicion of gastrinoma. (a) Portal-dominant-phase multislice CT shows a low attenuation area adjacent the falciform ligament in segment IV. (b) PET/CT study, (c) transaxial PET image without FDG uptake in the low attenuation area. (d) Portal-dominant-phase multislice CT two months later don't show any change at the low attenuation pseudolesion.

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The focal fatty infiltration of the liver can be presented with an aspect of hepatic pseudolesion (nodular), a frequent localization is the adjacent area around the falciform ligament anteriorly in segment IV that one manifests as hypoattenuation in the portal venous phase, and in general not visible at unenhanced or equilibrium –phase computed tomography (CT).¹ It has been attributed to the increase of fat or glycogen in this place. This is due to a defect of portal perfusion and an aberrant blood supply for the epigastric and paraumbilical veins that cause a focal metabolic alteration of the hepatocytes.²

In livers with cirrhosis and in the patients with neoplastic antecedent is necessary to make differential diagnostic with true lesions since this can change their treatment totally.

References

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