A giant hepatic hemangioma treated successfully with hepatic enucleation


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Hepatic hemangiomas (HH) are the first cause of benign hepatic tumors, their prevalence varies from 3% to 20% in general population.1 Giant HH are those greater than 4 cm; they account for only 10% of all HH. HH are usually asymptomatic. Computed tomography (CT) and magnetic resonance image (MRI) characteristic finding is the centripetal enhancement of contrast.2 Histological characteristic findings are spongy appearance with blood filled vascular channels lined by endothelium; thrombi are frequent.3 Surgical treatment (resection or enucleation) is recommended in symptomatic patients.1

A 56-year-old woman was evaluated because she suffered for systemic arterial hypertension, but she also complaints for heartburn, occasional abdominal

Figure 1. MRI T2-weighted coronal reconstruction. A giant HH (20 cm) displaces adjacent structures.

Figure 2. Gadolinium-contrasted MRI T1-weighted. In panel A peripheral enhancement of gadolinium is observed. Panel B and C reveals a centripetal pattern. Panel D shows total enhancement of HH. Note a typical centripetal slow filling pattern characteristic of HH.

Figure 3. Microscopic characteristics of HH. Upper. Normal liver. Middle to bottom. Hemangioma; formed by blood filled vascular channels, lined by a single layer of flat endothelial cells supported by fibrous tissue (H & E stain. 10 X).

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discomfort, and abdominal distension. A distended abdomen and a large mass were noted by palpation. Abdominal ultrasound revealed a tumor of the liver. Contrast enhanced CT and MRI confirmed characteristic features of giant HH (Figures 1-2). Blood count cells and liver tests were normal. Enucleation was performed without complications. Histology confirmed diagnosis of HH (Figure 3). She is being asymptomatic at 12 months of follow up.

REFERENCES