

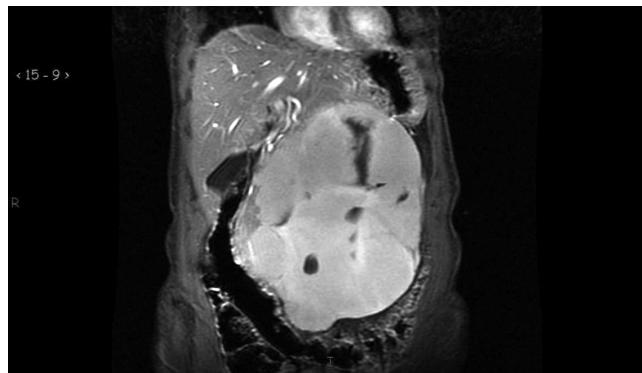
### A giant hepatic hemangioma treated successfully with hepatic enucleation

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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.<sup>1</sup> 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.<sup>2</sup> Histological characteristic findings are spongy appearance with blood filled vascular channels lined by endothelium; thrombi are frequent.<sup>3</sup> Surgical treatment (resection or enucleation) is recommended in symptomatic patients.<sup>1</sup>

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



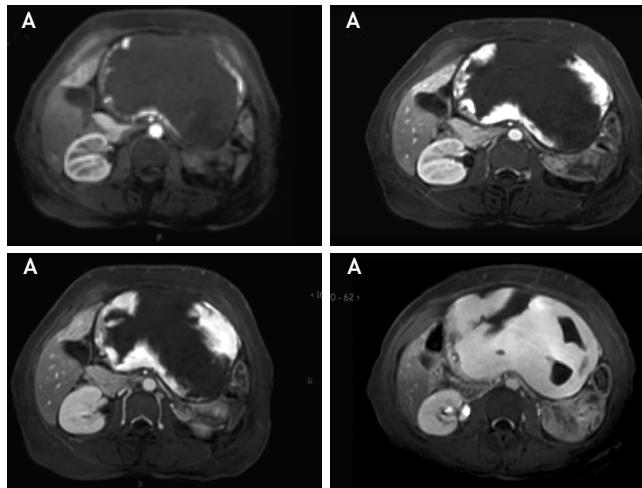
**Figure 1.** MRI T2-weighted coronal reconstruction. A giant HH (20 cm) displaces adjacent structures.

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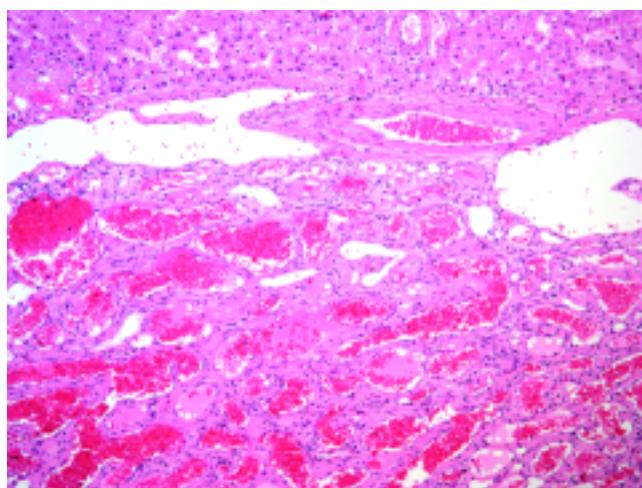
**Author contributions:** All authors contributed equally to the conception and design, analysis and interpretation of data, and final approval of the version to be published.

*Manuscript received: 28 April 2009.*

*Manuscript accepted: 26 May, 2009.*



**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).

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

1. Bahirwani R, Reddy KR. The evaluation of solitary liver masses. *Aliment Pharmacol Ther* 2008; 28: 953-65.
2. Choi BY, Nguyen MH. The diagnosis and management of benign hepatic tumors. *J Clin Gastroenterol* 2005; 39: 401-12.
3. Bioulac-Sage P, Laumonier H, Laurent C, et al. Benign and malignant vascular tumors of the liver in adults. *Sem Liv Dis* 2008; 28: 302-14.