

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

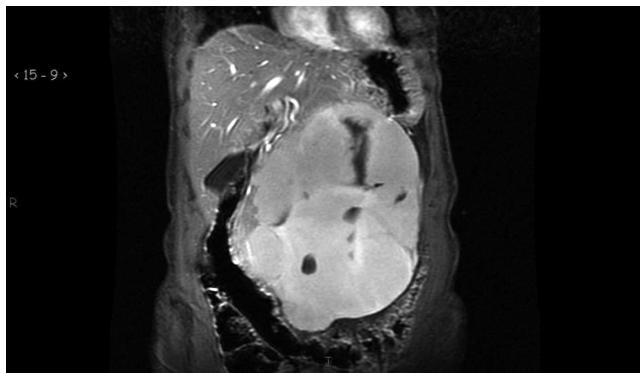


Figure 1. MRI T2-weighted coronal reconstruction. A giant HH (20 cm) displaces adjacent structures.

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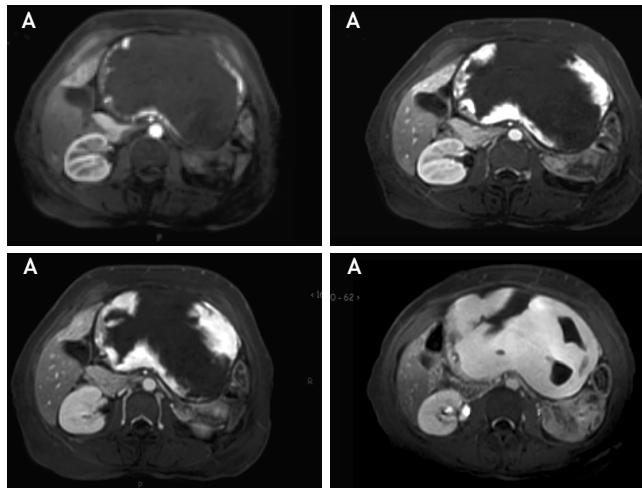


Figure 2. Gadolinium-contrasted MRI T1-weighted. In panel A peripheral enhancement of gadolinium is observed. Panel B and C reveals a centripetal pattern. Panel D shows total enhancement of HH. Note a typical centripetal slow filling pattern characteristic of HH.

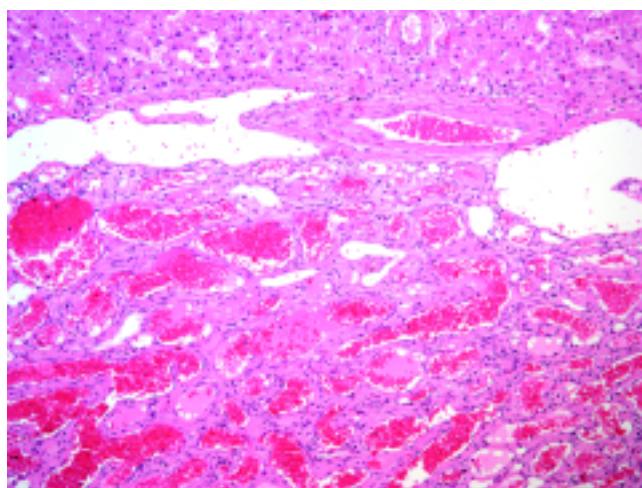


Figure 3. Microscopic characteristics of HH. Upper. Normal liver. Middle to bottom. Hemangioma; formed by blood filled vascular channels, lined by a single layer of flat endothelial cells supported by fibrous tissue (H & E stain. 10 X).

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.

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