ANNALS OF Hepatology

IMAGES IN HEPATOLOGY

October-December, Vol. 8 No.4, 2009: 377-378

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

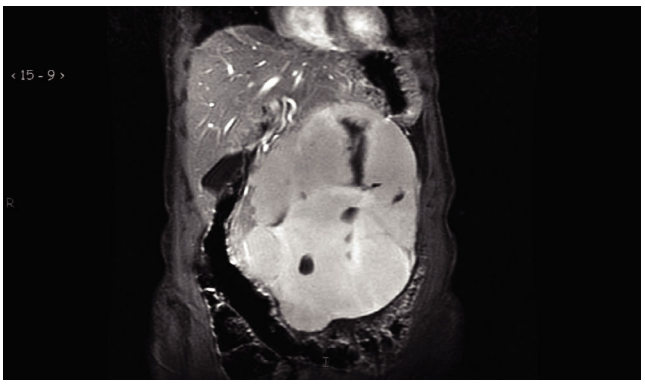

Figure 1. *MRI T2-weighted coronal reconstruction. A giant HH (20 cm) displaces adjacent structures.*

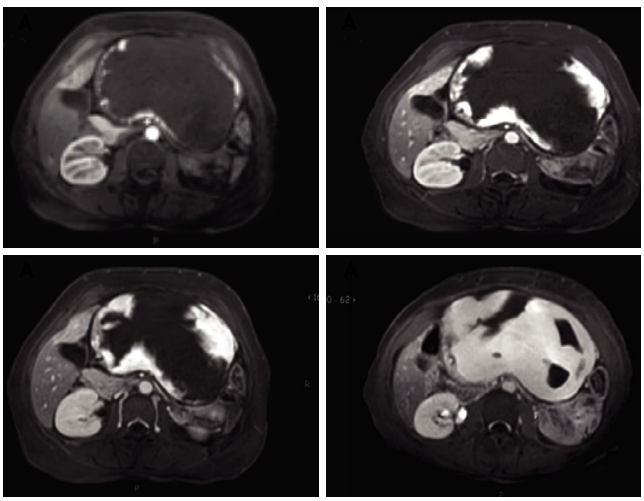

Figure 2. *Gadolinium-contrasted MRI T1-weighted. In panel **A** peripheral enhancement of gadolinium is observed. Panel **B** and **C** reveals a centripetal pattern. Panel **D** shows total enhancement of HH. Note a typical centripetal slow filling pattern characteristic of HH.*

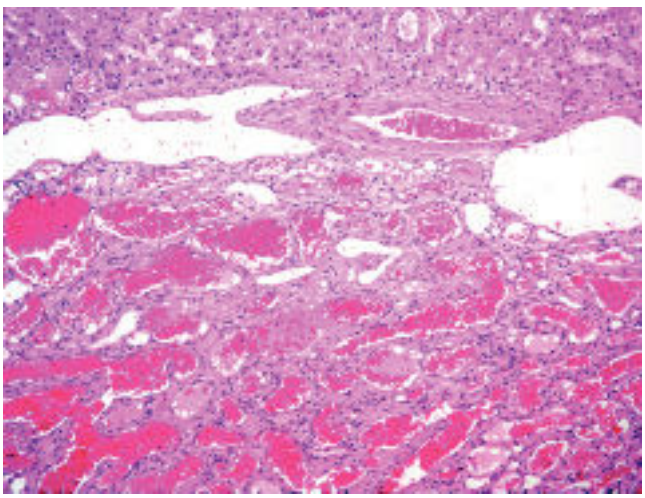

Figure 3. *Microscopic characteristics of HH.* Upper. *Normal liver.* Middle to bottom. *Hemangioma; formed by blood filled vascular channels, lined by a single layer of flat endothelial cells supported by fibrous tissue (H & E stain. 10 X).*

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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.

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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