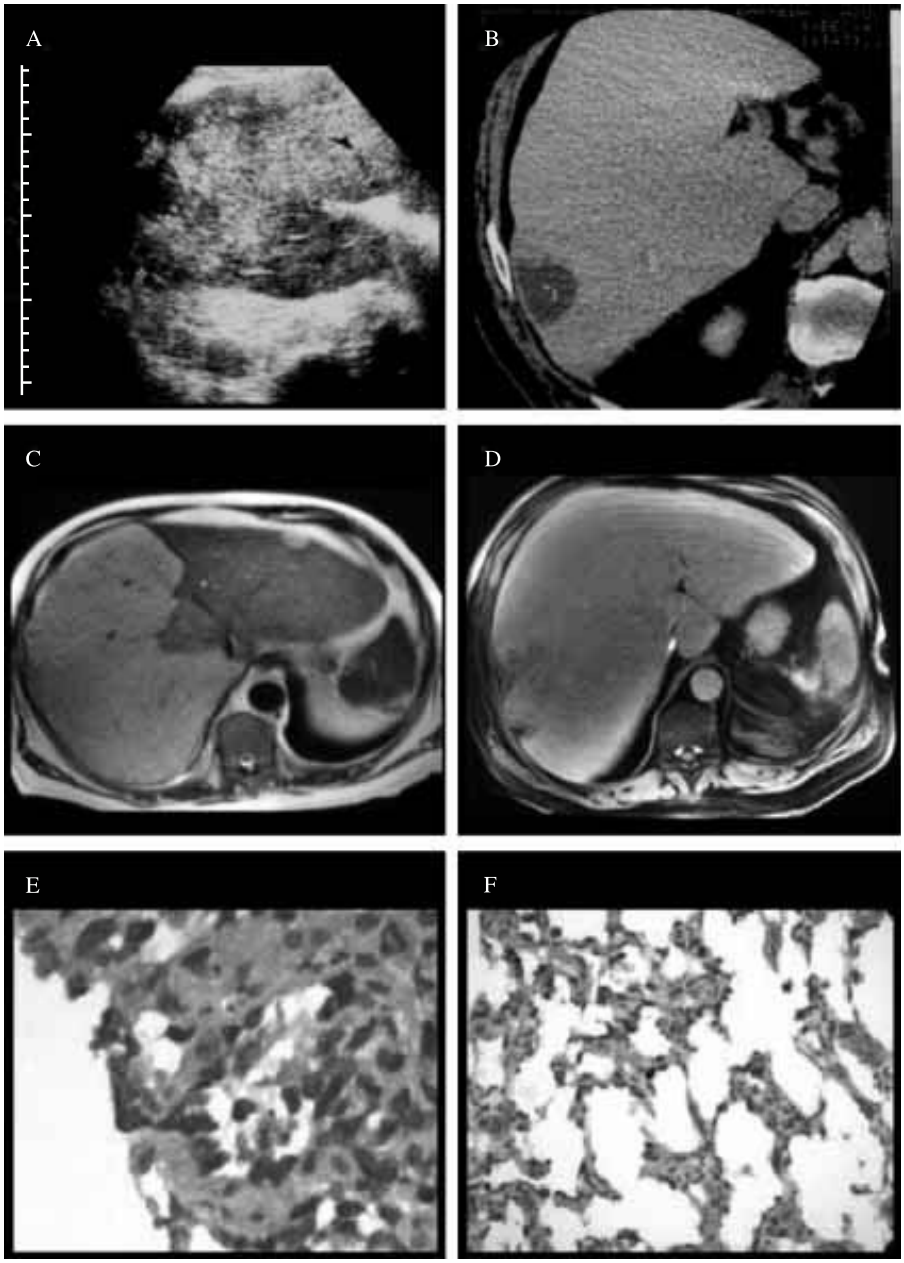
Annals of Hepatology

Images in Hepatology

Hepatic angiosarcoma

Nahum Méndez-Sánchez;[1] Ernesto Roldán-Valadéz;[1] Daniel Motola-Kuba;[1] Paloma Almeda-Valdés;[1] Misael Uribe[1]

[1] Liver Unit Research, Medica Sur Clinic & Foundation, Mexico City, Mexico.



A 78-years old Hispanic male, complaining of general malaise, abdominal distension and rectal bleeding since the last 3 months. Physical examination revealed hepatomegaly and moderate edema of the lower limbs, other signs were negative. Laboratory tests showed: platelets 105,000; creatinine 2.3; total bilirubin 1.73; albumin 1.73; ALT 127; AST 81, TP 16.6 sec. Colonoscopy showed ischemic colitis. Imaging findings revealed: A, US depicted heterogeneous echogenicity in the upper segments of the right lobe with some hypoechoic areas. B, CT scan, axial view in equilibrium phase showed a homogeneous appearance of the right lobe, with a rounded hypodense well-defined image in the lateral aspect of the right lobe compatible with necrosis. C, T2 weighted MR in axial plane, showed a severe enlargement of the right lobe of the liver due to a heterogeneous and hyperintense lesion that spares the caudate lobe with a small hyperintense lesion in the anterior aspect of the left lobe. D, gadolinium enhanced T1 weighted axial view showed an important enhancement of the lesion which turns almost homogeneous regarding the rest of the liver. E-F, histologic examination from liver biopsy showed in general plumped-malignant and pleomorphic endothelial cells, with variable size nuclei and hyperchromatic, malignant cells growing along the preformed sinusoids.

Hepatic angiosarcoma is a rare aggressive sarcoma with an incidence of 0.5-2.5 cases every 10,000,000 persons.[1] It occurs in both genders at every age. Signs and symptoms at presentation are often nonspecific, although one half of patients have hepatomegaly. Jaundice, ascites, thrombocytopenia, and acute hemoperitoneum may be presenting features.[2,3]

References

1. Zocchetti C. Liver angiosarcoma in humans: epidemiologic considerations. *Med Lav* 2001; 92: 39-53.
2. Craig JR, Peters RL, Edmonson HA. Tumors of the Liver and Intrahepatic Bile Ducts. In: Craig JR, Peters RL, Edmonson HA, eds. *Atlas of Tumor Pathology*. Washington, DC, Armed Forces Institute of Pathology, 1989; Fasc 26.
3. Buetow PC, Buck JL, Ros PR, Goodman ZD. Malignant vascular tumors of the liver: radiologic-pathologic correlation. *Radiographics* 1994; 14: 153-166; quiz 167-158.

Address for correspondence:
Nahum Méndez-Sánchez, M.D.,Ph.D. Departments of Biomedical Research, Gastroenterology & Liver Unit, Medica Sur Clinic & Foundation, Puente de Piedra 150, Col. Toriello Guerra, Mexico City, Mexico. Phone: (+525) 55606-6222, ext. 4215 Fax: (+525) 55666-4031 and 55606-1651; E-mail: nmendez@medicasur.org.mx.

Manuscript received and accepted:
05 February, 2005