Conclusions: The relevance as Gastroenterologists recognize the disease associated with IgG4 because of the multi-organ involvement as part of the approach to a patient with jaundice syndrome; despite the low prevalence reported in our country, knowing this entity will make its timely treatment and subsequent recognition easier in other patients.

Funding: The resources used in this study were from the hospital without any additional financing

Declaration of interest: The authors declare no potential conflicts of interest.

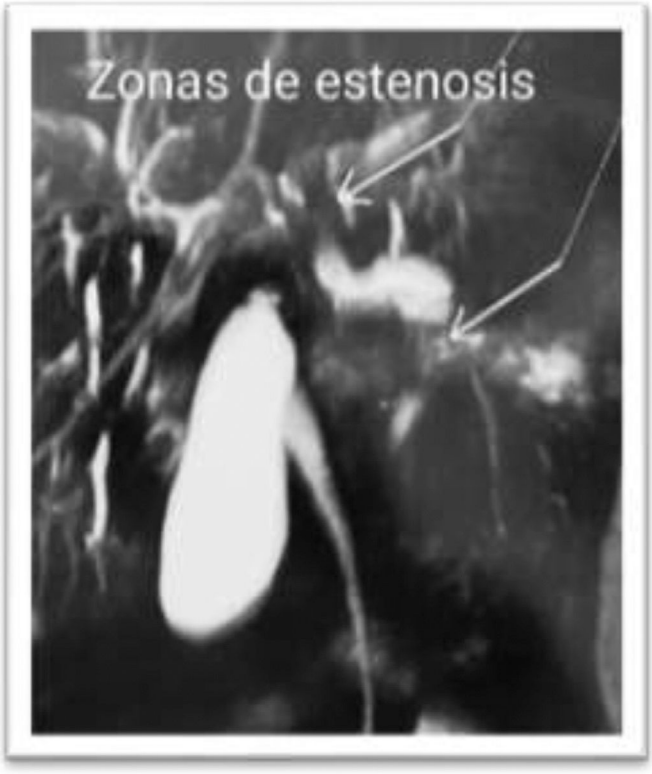

Figure 1.
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Giant simple hepatic cyst, when and how to treat it

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Introduction and Objective: Hepatic cysts are rare, with a prevalence between 0.1 to 0.5%. They are divided into parasitic and non-parasitic, being more common than the last ones. They can be subdivided into simple (<5% of the population) or multiple.

Case Report: 46-year-old woman with no relevant history. She comes due to an increase in abdominal perimeter of 4 months of evolution and weight loss of 9kg in 4 months; asthenia, adynamia, early satiety, postprandial fullness and abdominal pain in the right upper quadrant, oppressive, intensity 9/10, exacerbated by mobilization. CT scan with a giant liver cyst of 219 × 166 × 239mm, a volume of 4544cc. Alkaline phosphatase and GGT >3 times their normal value. She was admitted for percutaneous drainage placement, with a total output of 7480cc and biochemical and clinical improvement, without complications.

Discussion: Simple cysts occur in people over 40 years of age, more frequently in women (4:1 ratio). The differential diagnosis includes liver abscess, tumor, hemangioma, hematoma, parasitic cyst, and polycystosis. They are easy to distinguish by image as they are well-defined; they contain serous fluid and lack septa, papillary projections, and calcifications. They are considered giants when measuring>5 cm and their treatment is only indicated in symptomatic patients, with pain being the usual. Percutaneous drainage has little morbidity and improves compression symptoms. However, recurrence is high (almost 100%), so the administration of a sclerosing agent is recommended.

Conclusions: Conservative procedures have high recurrence rates, so systematized laparoscopic surgery is a good option for definitive treatment.

Funding: The resources used in this study were from the hospital without any additional financing

Declaration of interest: The authors declare no potential conflicts of interest.

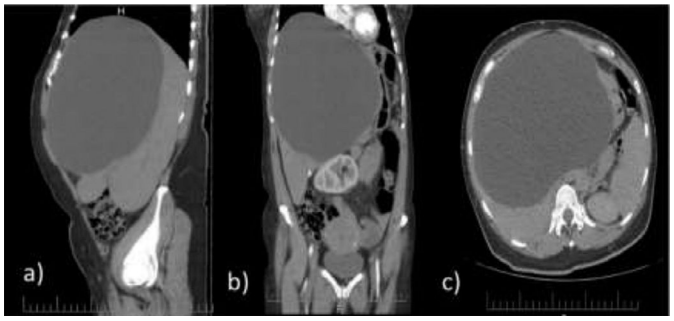

Figure 1.
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Symptomatic giant cavernous hemangioma as an indication for liver transplantation

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Introduction and Objective: Hepatic hemangiomas (HH) are the most common primary benign tumors of the liver, more frequent in women, attributed to estrogens. Its size can reach up to 30 cm, being considered giant when it measures >4 cm.

Case Report: A 65-year-old woman with giant cavernous hemangiomas as an incidental finding on liver USG. The abdominal MRI established the diagnosis by spotting two intrahepatic lesions, one of the right lobe occupying all the segments, measuring 18.5 × 16.6 × 15.7 cm, with a volume of 2527.6 cc; another in the left lobe of 7.8 × 7.8 × 6.5 cm, the volume of 206.8 cc; hypointense on T1 sequence, hyperintense on T2, with enhanced contrast medium in the periphery, later it is centripetal, with focal areas without enhancement at 20 minutes.

Physical examination: painful swelling in the left hypochondrium up to the anterior axillary line and epigastrium. Increased alkaline phosphatase and GGT. Surgical management is contraindicated due to the characteristics of the lesion. We decided to send her for a liver transplant.

Discussion: Histologically, they are vascular malformations characterized by caverns covered by a single layer of endothelium. The gold standard is MRI, where we observe peripheral nodular enhancement followed by central enhancement in a well-defined homogeneous mass. Surgical management is indicated in the symptomatic giant HH, with an increase in size or suspicion of malignancy. They