

35 CM BÜYÜKLÜĞÜNDE DEV HEMANJİOM : OLGU SUNUMU

A GIANT HEMANGIOMA WITH 35 CM IN DIAMETER: A CASE REPORT

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Özet

Kavernöz hemanjiomlar karaciğerin en yaygın iyi huylu tümörleridir. Çoğunlukla çapları 2-3 cm. den küçüktür ve asemptomatiktirler. Hemanjiomlar nadiren hasta ve hekim tarafından fark edilebilecek büyüklüklere ulaşırlar. Hemanjiomların ayırıcı tanısı zor olabilir. Cerrahi mi uygulanacağı yoksa takip programına mı alınacağına karar vermek için kesin teşhis zorunludur. Bu çalışmada, 35 cm çapında dev karaciğer hemanjiomu olan 63 yaşında bayan hastayı rapor ettik. Bu olgumuz, hemanjiomların nadiren de olsa karaciğerin tamamını kaplayabilecek boyutlara ulaşabileceğine örnektir.

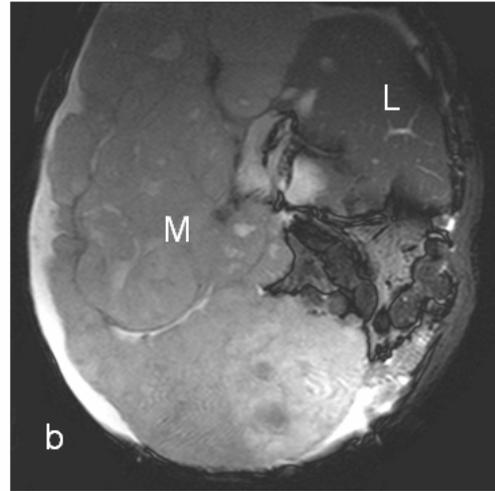
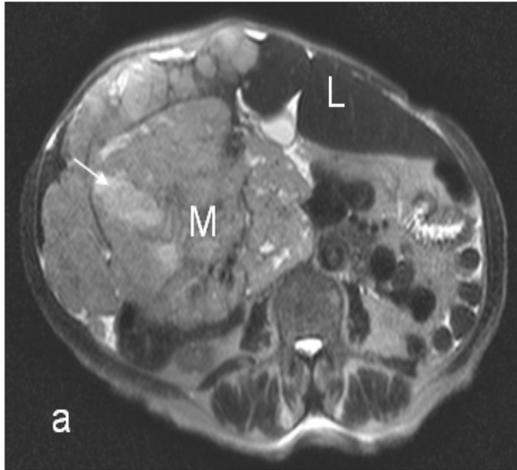
Anahtar kelimeler: *Karaciğer hemanjiomu, Teşhis*

Summary

Cavernous hemangiomas are the most common benign tumors of the liver. Most of them are less than 2-3 cm in diameter and remain asymptomatic. Hemangiomas can occasionally grow to a large size and become manifest to the patient and the clinician. The differential diagnosis for hemangioma may be difficult. Exact diagnosis is mandatory for the decision of whether to apply observation or surgery. In this paper, we report a 63 year old woman with a hepatic GCH (Giant cavernous hemangioma) measuring 35 cm. This present case is an example to a hemangioma case that may invade of a liver even very rarely seen.

Key words: *Hepatic hemangioma, Diagnosis*

Figure 1. (a) Axial T2 weighted MRI images shows the hepatic hemangioma including cystic-necrotic spaces, (b) coronal T2 weighted MRI image shows the hepatic giant hemangioma filling entire right hepatic lobe

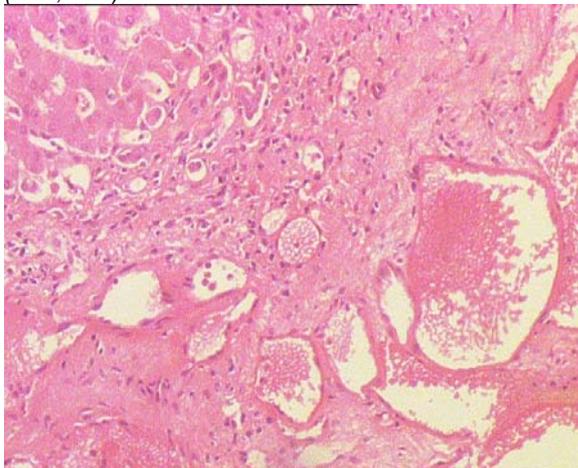


L: Liver M: Mass
necrotic area (Arrow)

Introduction

Hemangiomas are the most common benign tumors of the liver, with reported incidence at autopsy of 0.4-20.0 % (1). Their dimensions are usually small (<4 cm), and are multiple in 20 % of patients. Lesions with a diameter larger than 4 cm are called giant cavernous hemangioma (GCH) and these are usually located in the right hepatic lobe, and can be of clinical interest (2). To our knowledge, a hepatic hemangioma of 35 cm in diameter has not been reported. In this paper; we report a case of hepatic GCH (35 cm in diameter) in a 63 year old woman.

Figure 2. Photomicrographs of hemangioma .Large vascular spaces are lined with endothelium in liver (H&E, × 40)



Case Report

A 63 year old woman admitted to our clinic with the complaint of severe abdominal pain that has developed after liver biopsy performed in another center. The liver biopsy had been performed for pathologic diagnosis of the giant mass in the liver detected by ultrasonography (USG). The patient had had abdominal pain and increasing abdominal distention since the last 5 years. Physical examination revealed normal vital parameters. Inspection revealed severely distended abdomen, and there were various sized ecchymotic lesions on the abdominal skin. On palpation, there was a mass lesion with irregular surface of which borders could not be distinguished clearly and filling almost the entire abdomen. Her medical history was unremarkable in terms of malignancy. On admission, her laboratory test results were as following; hemoglobin (Hb): 10 g/dl; white blood cell: 4000 / mm³; platelet count: 199.000 / mm³; erythrocyte sedimentation rate: 45 mm/h; PT: 14.4 sec.; aPTT: 26.5 sec.; and INR: 1.40, and her hepatic function tests were found to be normal. Abdominal USG revealed a hyperechoic and heterogeneous mass lesion which was 35x20x18 cm in size, limited necrotic spaces, and filled the right lobe of the liver and extended to the pelvic cavity. On abdominal computed tomography (CT), a hypodense mass lesion in right lobe of the liver was detected. It was 35x18x16 cm in size with lobulated borders. It was appeared to be filling the right lobe of the liver and extending to bone pelvis level. There were central cystic- necrotic spaces and calcifications in the mass. The mass was

compressing the vena cava inferior. With USG and CT appearances an exact differentiation could not be made between solid tumors of the liver and hemangiomas. So a magnetic resonance imaging (MRI) was performed. Magnetic resonance imaging revealed the giant hepatic hemangioma (Fig 1). Pathologic examination of the ascites fluid was reported to be negative for malignancy, and the biopsy result was reported as cavernous hemangioma (Fig 2). The skin ecchymoses regressed. Hemoglobin levels did not decrease during the follow-up period. Although operation was planned, the patient did not accept surgical treatment.

Discussion

Hepatic hemangioma (HH) is seen in 2-4 % of population, most commonly found in adults. Their size are frequently small (<4 cm) (3, 4). These are generally placed in the right hepatic lobe and multifocal lesions may occasionally occur (5). The description of GCH depends on the lesion dimension (6). Ever since the report by Adams et al. in 1970, it has become conventional to define "giant" hemangiomas as those larger than 4 cm (4). Hemangiomas can be diagnosed in individuals at any age. Those are more common in women than in men (3:1) (3). Although HHs is sometimes found in clinical practice, they are given little attention (6). The natural history of HH is not well understood, and guide to appropriate treatment of HH are scarce (7). The vast majority of the hemangiomas remain stable over time and, mostly patients are managed only by observation (3). Most of hemangiomas are asymptomatic (as many as 85%). Clinical findings usually do not contribute to the diagnosis (8). The vast majority of the symptomatic patients with GCH present a palpable abdominal mass. GCHs are more likely to produce symptoms such as bleeding and swelling. Giant cavernous hemangiomas can also cause obstructive symptoms such as jaundice, biliary colic, abdominal pain, early satiety, nausea and vomiting due to pressure on the stomach and duodenum (5, 6). Hepatic hemangiomas are considered to be benign vascular malformations and have no malignant potential (3, 9). Giant cavernous hemangiomas sometimes contain areas of hemorrhage, organized thrombus, extensive hyalinization, fibrous lesions and hemorrhagic necrosis. These structural features cause heterogeneity in the CT and MRI appearance, cause nonspecific appearance in USG. Thus, HH may be misdiagnosed as primary or secondary liver neoplasms (6). Most of hemangiomas are incidentally diagnosed during at imaging studies (9). With the

widespread use of USG, the incidental discovery of liver lesions is common, but there was no difference in USG patterns between GCHs and other liver neoplasms. Giant cavernous hemangiomas may be seen mixed-echoic, hyperechoic or hypoechoic in USG. Therefore, USG has a limited role in the specific diagnosis of GCH (6,7). Another imaging modality in diagnosis of GCH may be contrast enhanced dynamic CT, but it may fail distinguish GCH from metastatic disease of liver or hepatoma (6). Diagnostic certainty is reported as 50-75% by Freeny and Ashida (10). MRI may be the preferred diagnostic tool in the characterization of hemangiomas in such patients. It is more sensitive and specific than other imaging modalities in the diagnosis of hemangiomas, with a sensitivity of 90-99 % and a specificity of 85 % (4). Liver biopsy has a risk of bleeding (7). Bleeding due to posttraumatic rupture is a catastrophic complication; it has mortality rate more than 80 % (6).

In conclusion, our case indicates that hepatic giant hemangiomas can reach 35 cm in size, even though they are rarely seen. Even in patients with giant hepatic masses biopsy should not be performed before hemangioma is ruled out.

References

1. Karhunen PJ. Bening hepatic tumours and tumour like conditions in men. *J Clin Pathol* 1986;39:183-188
2. Craig JR. Liver. In: Kissane JM, ed. *Andersons Pathology*. 9th ed. St. Louis: Mosby, 1990;1199-1320
3. Banton KL, D'cunha J, Laudi N, et al. Postoperative severe microangiopathic hemolytic anemia associated with a giant hepatic cavernous hemangioma. *J Gastrointest Surg* 2005; 9: 679-685
4. Duron JJ, Keilani K, Jost JL, et al. Giant cavernous hepatic hemangiomas in adults: enucleation under selective blood inflow control. *Am Surg* 1995;61:1019-1022
5. Tuncer I, Arslan H, Harman M. Two giant cavernous hemangioma caused cavernous transformation of the portal vein in a pregnant woman. *Turk J Gastroenterol* 2002; 13: 229-231
6. Tsai CC, Yen TC, Tzen KY. The value of Tc-99m red blood cell SPECT in differentiating giant cavernous hemangioma of the liver from other liver solid masses. *Clin Nucl Med* 2002;27:578-581
7. Mohammed IM. Experience with surgical resection of giant hepatic hemangiomas. *Ann Saudi Med* 2000; 20: 5-6
8. D Jost, C Stroszczyński, G Gaffke, et al. Giant hemangioma or metastatic disease of malignant gastrointestinal tumour? diagnoses through 'new-line' therapy. *Grand Rounds* 2003; 3: 8-12
9. Masui T, Katayama M, Nakagawara M, et al. Exophytic giant cavernous hemangioma of the liver with growing tendency. *Radiat Med*. 2005; 23: 121-124
10. Freeny PC, Marks WM. Hepatic hemangioma: dynamic bolus CT. *Am J Roentgenol* 1986; 147: 711-719

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