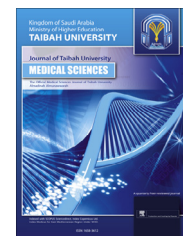




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Letter to the Editor

Giant hepatic haemangioma

Dear Editor,

Hepatic haemangioma is the commonest tumour of the liver and usually remains asymptomatic. Giant hepatic haemangioma is defined as one of more than 4 cm in diameter. We report here a case of giant haemangioma of the liver presenting with abdominal pain and distension.

A 52-year-old woman presented with a 2-year history of right upper quadrant pain and abdominal distension with no other symptoms. At physical examination, the liver was enlarged, with a smooth surface. Laboratory investigations revealed mild anaemia; liver function tests were normal. Hepatitis B and C virus markers were negative, and the alpha-fetoprotein level was normal. Ultrasound showed a large heterogeneous tumour with a hyperechoic pattern involving the right lobe of the liver. Magnetic resonance imaging (MRI) showed a huge hypodense mass in the right lobe of the liver, measuring about 33 cm and prolonged to the pelvis. The hepatic parenchyma was almost totally eclipsed by the lesion. The lesion showed peripheral nodular enhancement on earlier series and became isointense with the liver parenchyma in the late phase. It was typical of a cavernous haemangioma. No other lesions were found at other body sites.

The patient was told she had a giant haemangioma of the liver and was referred to the surgery department. The patient, however, refused surgical treatment, citing fear as the reason. She also refused follow-up.

Cavernous haemangioma is found in 0.4–7.3% of autopsied patients,¹ and many haemangiomas are incidentally identified by abdominal ultrasound, computed tomography or MRI. Many hepatic haemangiomas grow slowly and remain asymptomatic. A giant haemangioma can cause symptoms and requires treatment.² A hepatic haemangioma should also be treated if the patient concurrently develops haemorrhage, abscess, heart failure, jaundice or Kasabach–Merritt syndrome or if it suddenly ruptures or carries a high risk of rupture.³ Each of these complications can result in death. The indications for surgical resection are: a rapid increase in size, long-term pain and discomfort despite analgesic drugs, a high risk

for thrombosis inside the tumour and a high risk for rupture with haemoperitoneum.⁴ In the case reported here, surgery was indicated because of the tumour size (Figs. 1–3).

In summary, giant haemangioma of the liver can cause symptoms such as abdominal pain and distension and should be treated surgically. The size and location of a lesion influence the surgeon's decision to perform either segmental resection or enucleation. In general, both methods are safe and well tolerated by patients. Surgical resection may not be possible in certain cases because of the massive or diffuse nature of the lesion or comorbid conditions. Embolisation shrinks the tumour,

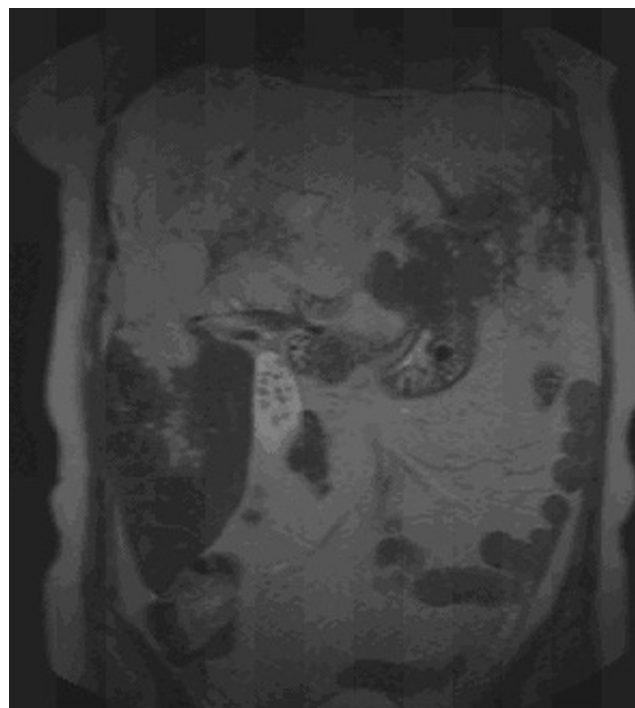


Figure 1: T2 weighted coronal MR image. The hepatic parenchyma is almost totally eclipsed by the hyperintense lesion.

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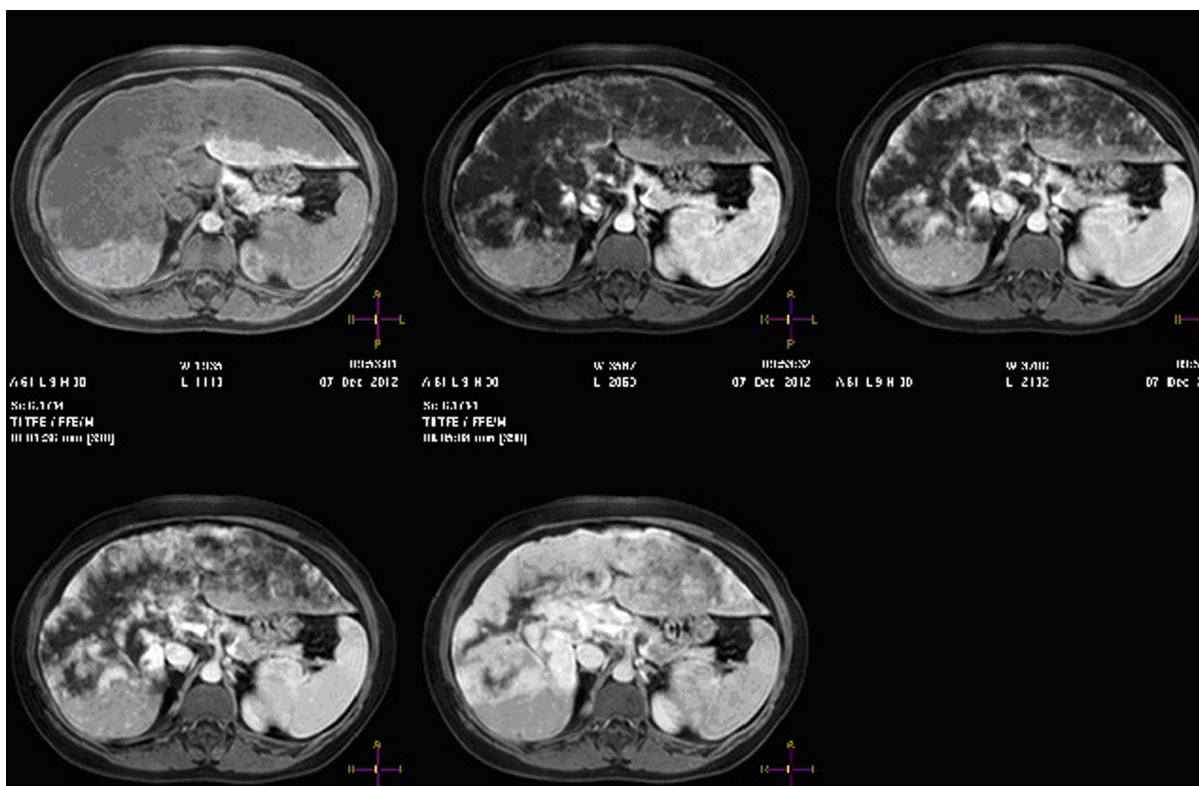


Figure 2: Contrast enhanced dynamic images. The lesion shows peripheral nodular enhancement on earlier series and becomes isointense with the liver parenchyma in the late phase (images are listed from early to late phases).

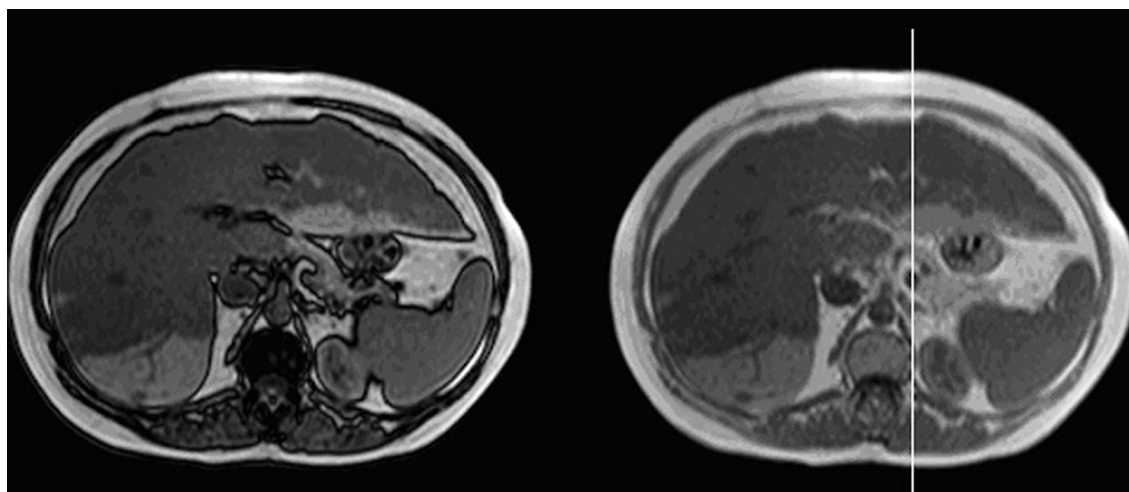


Figure 3: T1 weights in phase/out of phase axial MR sections. The lesion is not suppressed on in phase/out of phase images.

thereby minimising the risk for complications. Other techniques mentioned in the literature include radiofrequency ablation, surgical ligation of feeding vessels, hepatic irradiation and orthotopic liver transplantation.⁵

Conflict of interest

None.

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