

# A Case of Asymptomatic Atypical Hepatic Hemangioma Discovered Incidentally on Abdominal Imaging

<sup>1</sup>Soumik Chatterjee, <sup>2</sup>Mayukh Bhattacharya

<sup>1</sup>MBBS (Gold Medalist), PGDCC, DCCM (Critical Care), FCCS (USA), FVascU (Eng); Consultant, Suraksha Diagnostics, Kolkata

<sup>2</sup>MBBS, MD (Radiodiagnosis); Consultant Radiologist, Remedy Diagnostics, Kolkata

DOI: <https://doi.org/10.5281/zenodo.7284111>

Published Date: 04-November-2022

---

**Abstract:** Hepatic Haemangioma is the most common benign tumour of the liver. Mostly, they are small and are often asymptomatic but discovered incidentally on a liver ultrasound or CT scan. In this case report, we describe the case of a 68-year-old Indian female incidentally got diagnosed with atypical hepatic haemangioma without any obvious clinical manifestations and normal liver function profile.

**Keywords:** Hepatic Haemangioma, liver ultrasound, CT scan.

---

## 1. INTRODUCTION

Hepatic Hemangioma are the most common benign tumors of the liver. They are regarded as congenital vascular anomalies without malignant potential based on current evidence. Most hepatic hemangiomas are found in women within the fourth and fifth decade of life, mean age being 45, and often originate from the right hepatic lobe. The most accepted cause of enlargement of such hemangioma is possibly because of progressive ectasia of the potential vascular spaces.

Additionally, it is found in 0.7–7% of the general population and is often discovered incidentally on abdominal imaging performed for other indications (1, 2). Recently, with the development of imaging technology, hepatic hemangioma can be diagnosed clearly and reliably using ultrasound (US)/computed tomography (CT) and magnetic resonance imaging (MRI) (3–7).

No specific drug is available to treat hepatic hemangioma, and the surgical approaches range from embolization to hepatic resection or liver transplantation.

## 2. CASE REPORT

A 68 year old normotensive dyslipidaemic female presented with complaints of acute onset pain in right upper quadrant, right flank region and right leg for 3 days. The pain was dull aching in nature, aggravated at night and not radiating. Her bowel habits were normal. There were no constitutional symptoms or jaundice. Physical examination revealed a just palpable liver. Bowel sounds were normal in quality and intensity in all quadrants. No masses or splenomegaly was noted. Deep tendon reflexes were preserved, power was graded 5/5 in both upper and lower limbs. No other abnormalities were made out in physical examination. A provisional diagnosis of statin-induced myositis was made.

Her blood picture and regular biochemical parameters were normal. CPK, Liver enzymes were within normal range and Lipid profile was within physiological range under the action of Rosuvastatin 20 mg. Ultrasound abdomen picked up an

irregularfocal hypoechoic lesion in the left lobe of liver, along with hepatic steatosis. CECT Abdomen scan was done to establish thenature of the lesion. CECT revealed a 12x10 mm hyperenhancingvascular lesion with slow washout of contrast in equilibrium phase. A similar sized cyst was was found in the left hepatic lobe. No intrabiliary or gall bladder pathology was reported.

### 3. TREATMENT COURSE

Since she was asymptomatic at presentation, a trial of conservative medical management with Vitamin E 400 mgBD, Ursodeoxycholic Acid 300 mg BD, Atorvastatin 10 mg OD (in place of Rosuvastatin 20) for hepatoprotection has been prescribed. She has been advised to follow a low fatdiet and regular abdominal assessment every 6 monthly todetermine the progress of the lesion. If clinically indicateds, he has been advised to visit a hepatobiliary-pancreatic surgeon for opinion.

### 4. CONCLUSION

Most of the hepatic hemangiomas are asymptomatic and are diagnosed incidentally. CECT Abdomen serves as the standard investigation to accurately determine the locationand nature of the lesion. Percutaneous biopsy of such lesion shouldbe avoided as it may lead to profuse bleedingin the peritoneal cavity. Surgical intervention in cases of asymptomatic hemangioma is not recommended. The only indication for surgical intervention would be abdominal pain or palpable lump.

### REFERENCES

- [1] Hoekstra LT, Bieze M, Erdogan D, Roelofs JJ, Beuers UH, van Gulik TM. Management of giant liver hemangiomas: an update. *Expert Rev Gastroenterol Hepatol.* (2013) 7:263–8. doi: 10.1586/egh.13.10
- [2] Hasan HY, Hinshaw JL, Borman EJ, Gegios A, Leverson G, Winslow ER. Assessing normal growth of hepatic hemangiomas during long- term follow-up. *JAMA Surg.* (2014) 149:1266–71. doi: 10.1001/jamasurg.20 14.477
- [3] Bajenaru N, Balaban V, Savulescu F, Campeanu I, Patrascu T. Hepatic hemangioma -review. *J Med Life.* (2015) 8:4–11.
- [4] Van Damme A, Seront E, Dekeuleneer V, Boon LM, Vikkula M. Newand emerging targeted therapies forvascular malformations. *Am J Clin Dermatol.* (2020) 21:657–68. doi: 10.1007/s40257-020-00528-w
- [5] Mathew RP, Sam M, Raubenheimer M, Patel V, Low G. Hepatic hemangiomas: the various imaging avatars and its mimickers. *RadiolMed.* (2020) 125:801– 15. doi: 10.1007/s11547-020-01185-z
- [6] Vilgrain V, Boulos L, Vullierme MP, Denys A, Terris B, Menu Y.Imaging of atypical hemangiomas of the liver with pathologic correlation. *Radiographics.* (2000) 20:379–97. doi: 10.1148/radiographics.20.2.g00mc01379
- [7] Lewis S, Aljarallah B, Trivedi A, Thung SN. Magnetic resonance imaging of a small vessel hepatic hemangioma in a cirrhotic patientwith histopathologic correlation. *Clin Imaging.* (2015) 39:702–6. doi: 10.1016/j.clinimag. 2015.02.007
- [8] Yang DM, Yoon MH, Kim HS, Kim HS, Chung JW. Capsular retraction in hepatic giant hemangioma: CT and MR features. *Abdom Imaging.* Jan- Feb 2001;26(1):36-8.