

Major hepatectomy for a symptomatic giant liver cavernous hemangioma

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Liver hemangiomas (LH) are the most common benign tumor of the liver, usually diagnosed as incidental findings, and their incidence ranges from 5% to 20% (1). LH are defined as “giant” if their diameter exceeds 4 cm (2). LH are usually asymptomatic while in some cases they occur with an abdominal pain, hemorrhage, biliary compression or consumptive coagulopathy.

Herein we report a case of a 40-year-old man with symptomatic giant LH. Medical history was unremarkable. Liver function was normal. Imaging revealed the presence of giant mass in the left lobe of the liver with gastric compression, and multiple similar lesions in the right lobe (*Figure 1*). A left hepatectomy was performed (*Figure 2*). Histopathology report

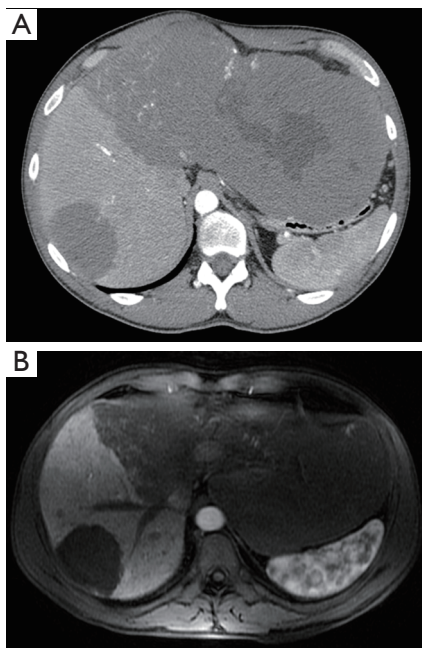


Figure 1 (A) Computed tomography (CT) revealed the presence of giant mass in the left lobe of the liver that causes gastric compression, and multiple similar lesions in the right lobe; (B) magnetic resonance imaging (MRI): the right anterior and posterior hepatic veins are visualized.

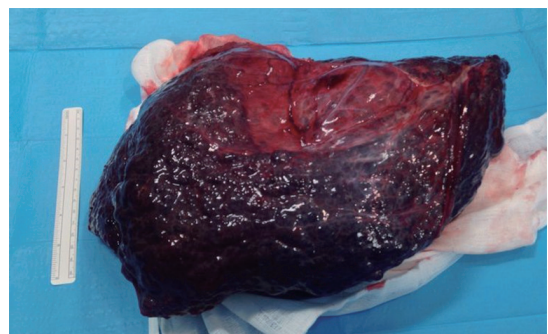


Figure 2 Surgical specimen of major hepatectomy was 150 mm × 220 mm × 70 mm for 4,900 gr.

described a cavernous hemangioma. Post-operative course was uneventful.

Indications for surgical resection of LH include a palpable mass, gastrointestinal symptoms, rapid growth, intraperitoneal bleeding and shock due to rupture, or thrombocytopenia (3-5). Considering the benign types of tumors when possible a liver sparing resection should be performed.

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Informed Consent: Written informed consent was obtained from the patient for publication of this article and any accompanying images. A copy of the written consent is available for review by the editor-in-chief of this journal.

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