

Isolated intrahepatic mass after abdominal trauma

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A 50-year-old male patient visited the hospital for consultation after a liver mass was detected during an ultrasound examination. He had a previously good health condition and had no prior viral hepatitis or other chronic liver disease. However, 20 years ago, he experienced a severe car accident which led to a ruptured spleen and required a splenectomy.

On computed tomography (CT) scan observation, a round-shaped mass with uniform density and partially clear boundaries but not well-defined from the surrounding liver tissue was found in the segment 4 of the liver (*Figure 1A*). The size of the mass was approximately $3.4 \text{ cm} \times 3.8 \text{ cm} \times 4.1 \text{ cm}$.



Figure 1 Images in a 50-year-old man with liver mass (arrows). CT scans (A) revealed a liver mass located in the segment 4. The imaging showed moderate enhancement during the arterial phase (B), followed by reduced enhancement during the venous phase (C). Coronal (D) and sagittal (E) views provided further insight, indicating that the mass was situated beneath the diaphragm. Microscopic examination (F) revealed the presence of white marrow, characterized by lymphoid follicles, and red marrow, consisting of splenic cords and blood sinuses (HE staining, ×100). CT, computed tomography; HE, hematoxylin and eosin.

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CT enhancement scan indicated that the enhancement level of the mass was uneven during the arterial phase (*Figure 1B-1D*), and it decreased during the portal venous phase (*Figure 1E*) and equilibrium phase, similar to the enhancement level of normal liver tissue. Based on the CT diagnosis, we could not clearly identify the nature of the tumor. Finally, to further clarify the condition, the doctor decided to undergo surgical resection of the liver mass. The postoperative pathological report confirmed that the mass was an intrahepatic splenosis (*Figure 1F*).

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