

# Giant accessory hepatic lobe accompanied by inflammatory pseudotumor

Hong Yang, Binglin Lai

Department of Medical Imaging, Ganzhou People's Hospital, Ganzhou Hospital-Nanfeng Hospital, Southern Medical University, Ganzhou, China  
*Correspondence to:* Binglin Lai, MD. Department of Medical Imaging, Ganzhou People's Hospital, Ganzhou Hospital-Nanfeng Hospital, Southern Medical University, 16 Meiguan Avenue, Ganzhou 341000, China. Email: binglin723.lai@outlook.com.

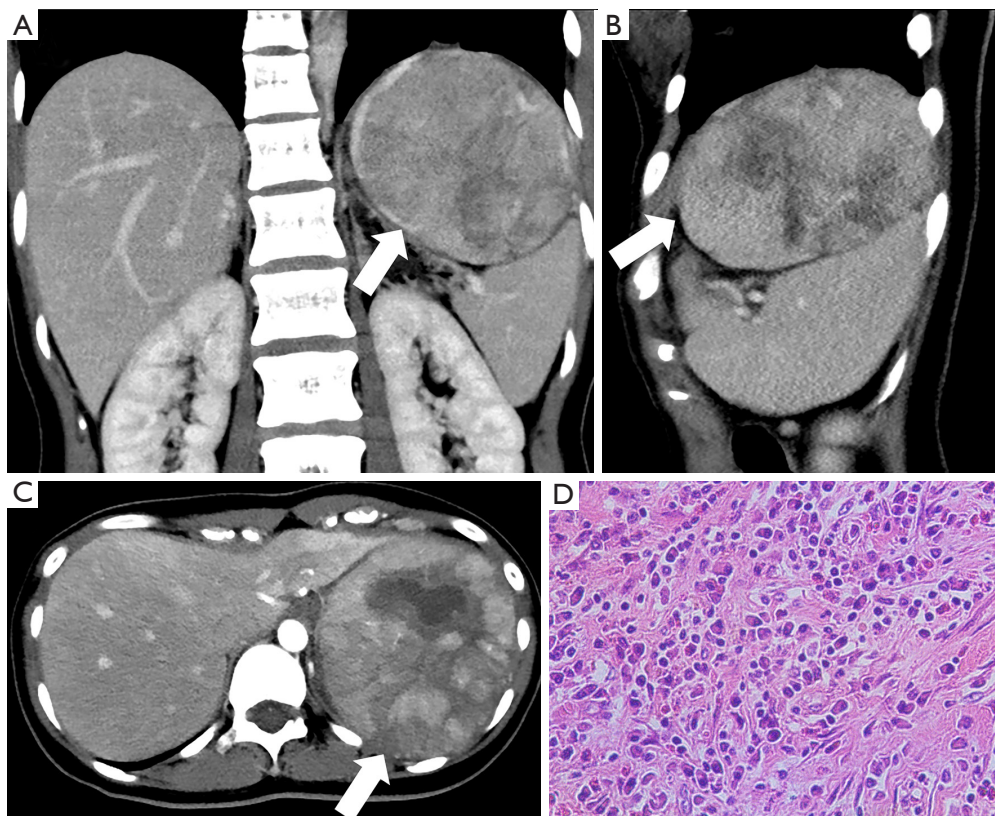
Submitted Oct 31, 2023. Accepted for publication Dec 07, 2023. Published online Jan 12, 2024.

doi: 10.21037/hbsn-23-570

View this article at: <https://dx.doi.org/10.21037/hbsn-23-570>

A 25-year-old female was admitted to the hospital 6 months after the discovery of a liver mass during a physical examination. She has no abdominal pain or abdominal wall

masses. Liver function and alpha-fetoprotein (AFP) levels are normal. Computed tomography (CT) scan (*Figure 1A-1C*) shows a large, well-defined, approximately 9.9 cm × 9.3 cm ×



**Figure 1** CT imagings of giant accessory hepatic lobe (arrows). CT scan (A-C) shows a large, well-defined mass in the splenic gastric space, closely related to the left lobe of the liver. Under the microscope (D), a large number of inflammatory cells infiltrate, predominantly composed of plasma cells. Lymphocytes, histiocytes, neutrophils, and a few eosinophils are also observed. There is interstitial fibrovascular proliferation, and the cells show no atypia. HE ×400. CT, computed tomography; HE, hematoxylin-eosin.

8.5 cm, low-density lesion in the splenic gastric space, closely related to the left lobe of the liver. Enhancement suggests that the lesion is connected to the upper edge of hepatic segment 2; it is supplied by branches of the left hepatic artery, portal vein left branch, and drains into the left hepatic vein. The patient underwent resection of the left lobe liver mass, and the postoperative pathology revealed an accessory hepatic lobe (AHL) with fatty liver and associated inflammatory pseudotumor (*Figure 1D*). AHL is a rare congenital liver tissue anomaly, including Riedel's lobe and ectopic liver tissue, occurring in less than 1% of the population. It is still uncertain what causes AHL, but one hypothesis suggests that it may be linked to a deformity in the caudal foregut of the endoderm and an irregular splitting of the tissue buds that occurs in the third week of pregnancy.

### Acknowledgments

*Funding:* None.

### Footnote

*Provenance and Peer Review:* This article was a standard submission to the journal. The article has undergone external peer review.

**Cite this article as:** Yang H, Lai B. Giant accessory hepatic lobe accompanied by inflammatory pseudotumor. *HepatoBiliary Surg Nutr* 2024;13(1):194-195. doi: 10.21037/hbsn-23-570

*Peer Review File:* Available at <https://hbsn.amegroups.com/article/view/10.21037/hbsn-23-570/prf>

*Conflicts of Interest:* Both authors have completed the ICMJE uniform disclosure form (available at <https://hbsn.amegroups.com/article/view/10.21037/hbsn-23-570/coif>). The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this manuscript and any accompanying images.

*Open Access Statement:* This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.