
IMAGES

Giant cavernous hepatic hemangioma

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A 45-year-old woman with unremarkable history presented at the Emergency Department with right hypochondrial pain and abdominal distension of one week's evolution. Physical examination showed painful hepatomegaly. Laboratory tests were normal. Abdominal ultrasound showed a very large, predominantly hypoechogenic nodular hepatic lesion. Contrast computed tomography (CT) showed a large predominantly hypodense central liver mass with peripheral contrast capture in arterial phase and peripheral nodular enhancement (Figure 1), with slight progressive centripetal contrast extension in the late venous

phase. Therapeutic embolization was performed, with good results.

Cavernous hemangioma is the most frequent benign liver tumor; prevalence varies between 0.5-7%. Most are asymptomatic, of small size and slow growth. Up to 40% of giant haemangiomas larger than 5 cm are symptomatic, depending on the degree of compression or obstruction of adjacent structures. Less than 10% present calcification. If the lesion is large and/or produces refractory pain, therapeutic embolization can be performed; if this is unsuccessful, surgical resection is performed.

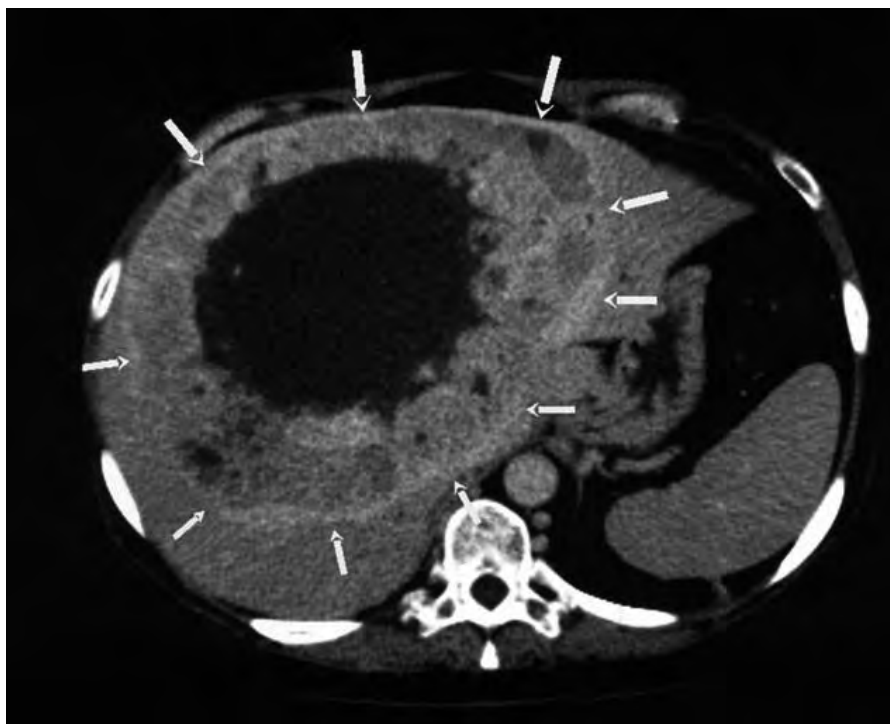


Figure 1. CT scan with contrast. Predominantly hypodense central image with contrast capture and peripheral nodular enhancement (arrows), occupying the central two thirds of the liver.

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