

Pendulous hepatic hemangioma

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A 70-YEAR-OLD MAN with no personal history of interest was diagnosed with cecal carcinoma during a colorectal cancer screening. A computed tomography (CT) body scan for study was performed prior to the operation. In addition to the cecal carcinoma, the CT scan showed an 83 × 80 × 50 mm lobed mass of soft tissue in the right lower quadrant of the abdomen with well-defined edges and a central, low-density region, displaying an enhanced periphery and small punctate calcifications.

This tumor was in continuity with a thick, 6.5-cm length stalk coming from the lower edge of the left hepatic lobe (Fig 1). The patient underwent a laparoscopic operation in which we performed a formal right colectomy and removed a pendulous tumor hanging from the liver segment III (Fig 2). The final pathology of the specimen reported a cecal adenocarcinoma and a hepatic hemangioma with extensive myxoid change.

Hepatic hemangioma is the most common benign tumor of the liver.¹ Its prevalence in autopsy studies ranges between 3–20%.² Because patients with hepatic hemangioma often do not have clear symptoms and most exhibit normal liver function, tumor progression is monitored without treatment in many cases.³ The clinical management of larger hepatic hemangiomas remains controversial.¹

The main indications for treatment are the presence of significant clinical symptoms,^{2,3} suspicion of malignancy, or fear of malignant transformation.² Giant hemangiomas have a



Fig 1. CT scan, in sagittal view, showing the lobed mass marked with an *arrow* hanging from the liver. (Color version of this figure is available online.)

Accepted for publication February 29, 2016.

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0039-6060/\$ - see front matter

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<http://dx.doi.org/10.1016/j.surg.2016.02.036>

low but relevant risk of rupture (3.2%), particularly when peripherally located and exophytic.⁴ An operation may be considered in these cases.⁴ Treatment options should be reviewed, and individual patient factors taken into account.¹

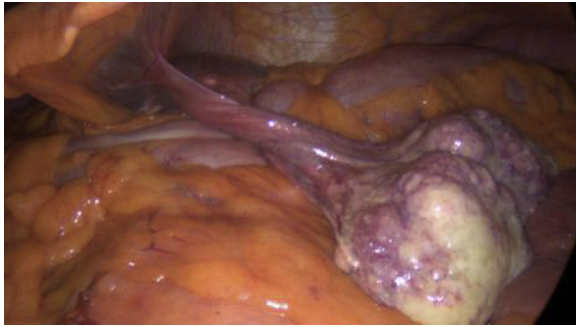


Fig 2. Laparoscopic view of the specimen. (Color version of this figure is available online.)

SUPPLEMENTARY DATA

Supplementary data related to this article can be found online at <http://dx.doi.org/10.1016/j.surg.2016.02.036>.

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