

Letter to the Editor

Giant Liver Hemangioma

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To the Editor: Hemangioma is the most common benign tumor of the liver. Giant liver hemangiomas [GLH] may range from 13-31cm in size and are often asymptomatic but may also result in a fatal outcome, thus needing early diagnosis and proper intervention.¹

Complications related to giant cavernous hemangiomas of the liver are rare. Spontaneous or traumatic rupture, intratumoral bleeding, consumption coagulopathy and rapid growth are mandatory surgical indications for GLH.² When invasive measures are decided, the majority of patients with GLH are treated with transcatheter arterial embolization and hepatic segmentectomy.³ Postoperative complications may occur in up to 25% of patients and the mortality rate can range from 0% up to 36%.⁴

A 55-year old woman diagnosed with a giant liver hemangioma [GLH], 13cm in diameter (Figure), was referred to our outpatient clinic due to mild diffuse abdominal discomfort for the last three months. Patient had unremarkable personal and family history and was diagnosed fifteen years ago with liver hemangioma, which was significantly smaller in size compared to the current status. Of note, patient received for several years hormonal therapy for gynecological reasons but during all that period no liver imaging was performed. Patient clinical examination and laboratory tests were unremarkable and regular follow up was advised for the patient.

The pathogenesis of GLH is still unknown. Recent investigations show a role of angiopoietin system in vascular

malformations. Finally, in familial GLH a genetic defect is under investigation.⁵

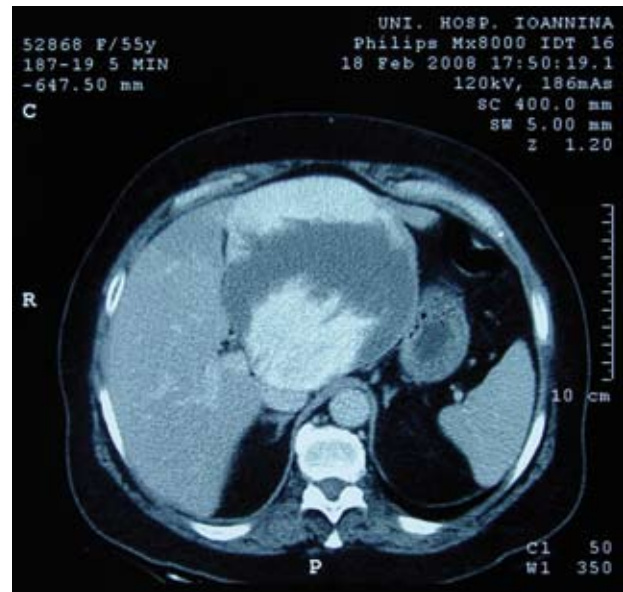


Figure. Computed tomography showing a giant liver hemangioma 13 cm in size.

REFERENCES

1. Corigliano N, Mercantini P, Amodio PM, et al. Hemoperitoneum from spontaneous rupture of a giant hemangioma of the liver :report of a case. *Surg Today* 2003; 33:459-463
2. Banton KL, D' Cunha J, Laudi N, et al. Postoperative severe microangiopathic hemolytic anemia associated with a giant hepatic cavernous hemangioma. *J Gastrointest Surg* 2005; 9:679-685
3. Suzuki H, Nimura Y, Kamiya J, et al. Preoperative transcatheter arterial embolization for giant cavernous hemangioma of the liver with consumption coagulopathy. *Am J Gastroenterol* 1997; 92:688-691
4. Vishnevsky VA, Mohan VS, Pomelov VS, Todua FI, Guseinov EK. Surgical treatment of giant cavernous hemangioma of the liver. *HPB Surg* 1991; 4:69-78
5. Admiraal GC, Van Schie A, Van Meyel JJ, Vasmel WL. Giant liver hemangioma in three sisters. *J Gastroenterol Hepatol* 2004; 19:344-345

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