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

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.)
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REFERENCES