

## Cystic tumor of the Liver

Roxana Șirli, Ioan Sporea, Ana Jurchiș

Department of Gastroenterology and Hepatology, University of Medicine and Pharmacy "Victor Babeș" Timișoara

### Case presentation

A 63-year-old man with a personal history of arterial hypertension and type II diabetes treated with oral medication for approximately 8 years, presented to the family doctor for occasional discomfort in the right upper quadrant, appearing on and off for the last few months. The family doctor detected important hepatomegaly, liver 6-7 cm below the costal rim, not painful, an elastic. The patient was referred to our Department for further evaluation.

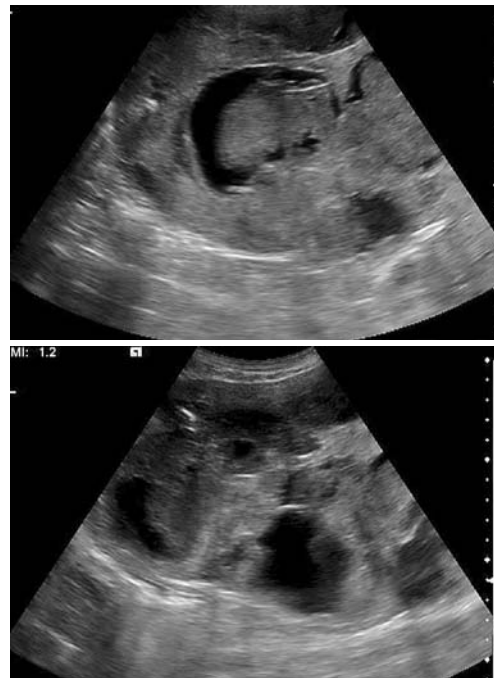
Apart from hepatomegaly, the clinical exam was in normal range.

The **laboratory tests** revealed: mild anemia (Hb=11.4g%, normal leucocytes, thrombocytes, normal iron) and increased Erythrocytes sedimentation rate (82 mm/1h); normal aminotransferases but with slight cholestasis: ALP=196 IU/l [Upper value of Normal (UVN)=126 IU/l], GGTP=142 IU/l (UVN=72 IU/l), and normal bilirubin; no signs of hepatic insufficiency (normal albumins, INR); negative viral markers for HBV and HCV hepatitis; normal alpha-fetoprotein.

The **abdominal ultrasound** described multiple masses, 7-10 cm in diameter, some anechoic with thick septa and others with mixed content, anechoic and echogenic, that occupied almost the whole liver (fig 1).

**Contrast enhanced ultrasound (CEUS)** was performed that revealed multiple cystic lesions with walls and septa enhancing in the arterial phase and which did not show wash-out in the portal-venous and late phases (fig 2). The echogenic content present in some of the cysts did not enhance following contrast.

An **abdominal CT with contrast** (fig 3) described



**Fig 1.** Liver ultrasound examination: multiple masses 7-10 cm in diameter, some anechoic with thick septa and others with mixed content, anechoic and echodense, that occupy almost the whole liver.

a large cystic tumor, approximately 25.4/14/16.4 cm, in segments II, III, IV of the liver, with small calcium deposits in the septa, with thick walls, enhancing in the arterial phase, with mass effect on the gall bladder. Another 7 cm cystic lesion was described in segment VIII.

### Questions:

1. What is your diagnosis?
2. Which other tests, if any, do you need for the final diagnosis?
3. What therapeutic approach would you suggest?

Received Accepted

Med Ultrason

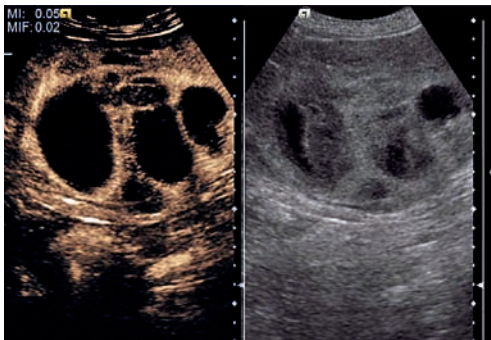
2012, Vol. 14, No 1, 78-79

Corresponding author: Roxana Șirli

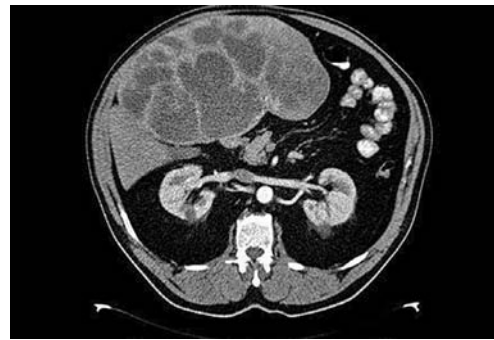
14, Sirius str., ap.5, 300688 Timișoara, Romania

Tel: +40-748331232

E-mail: roxanasirli@gmail.com



**Fig 2.** Contrast enhanced ultrasound: a) arterial phase: Cystic lesion of the liver with walls and septa enhancing in the arterial phase, with unenhancing content; b) late phase: no wash-out of the walls and septa, content still unenhancing



**Fig 3.** Abdominal Contrast Enhanced CT – arterial phase: a large cystic tumor, approximately 25.4/14/16.4 cm, in segments II, III, IV of the liver, with small calcium deposits in the septa, with thick walls, enhancing in the arterial phase.

## Answer QUIZ vol 13 no. 4

### Bleeding umbilical nodule

Carmen Sfrângeu<sup>1</sup>, Corina Bocşa<sup>2</sup>

<sup>1</sup> Department of Nuclear Medicine, "Iuliu Hațieganu" University of Medicine and Pharmacy, Cluj Napoca, România

<sup>2</sup> University Medical and Surgical Center Interservisan, Cluj Napoca, România

#### Answers

The tumor represent umbilical endometriosis.

Surgical excision in umbilical endometriosis is the treatment of choice. Abdominal exploratory laparoscopy is recommended to identify possible outbreaks of the pelvic endometriosis. If the abdominal endometriosis is present, association with analogues of gonadotrophin-reline treatment may be needed. Medical follow-ups are recommended due to the high relapse rate.

Umbilical endometriosis is a rare location (0.5-1% of all cases of extra genital endometriosis). Usually occurs on postoperative scars, but in very rare cases, can be primary. In our case, surgery of the cervix seems to be just a coincidence.

Endometriosis is one of the causes of infertility, 30-40% of women with endometriosis being sterile, but our patient has already a child. The diagnosis of the umbilical endometriosis may be suggested by history and ultrasound examination. Confirmation of the diagnosis comes after histopathological analysis.

#### Selected bibliography:

1. Nitu I, Sargan L, Stelea S, et al. Endometriosis staging – Aspects of laparoscopic treatment on router. *Journal of Experimental Medical & Surgical Research* 2010; 2: 92-97.
2. Stratton P, Berkley KJ. Chronic pelvic pain and endometriosis: Translational evidence of the relationship and implications. *Hum Reprod Update* 2010; 17: 327-346.
3. Ballard K, Lane H, Hudelist G et al. Can specific pain symptoms help in the diagnosis of endometriosis? A cohort study of women with chronic pelvic pain. *Fertil Steril* 2010; 94: 20.
4. Signorile PG, Baldi F, Bussani R D'Armiento M, De Falco M, Baldi A. Ectopic endometrium in human fetuses is a common event and sustains the theory of müllerianosis in the pathogenesis of endometriosis, a disease that predisposes to cancer. *J Exp Clin Cancer Res* 2009; 28: 49.
5. Matsuura K, Ohtake H, Katabuchi H, Okamura H. Coelomic metaplasia theory of endometriosis: evidence from in vivo studies and an in vitro experimental model". *Gynecol Obstet Invest* 1999; 47 Suppl 1: 18-20.