

Haemangioma of the Liver Associated with Focal Nodular Hyperplasia: A Common Root?

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Clinical Image

A 38-year-old Caucasian woman presented at Padova University Hospital (Padova, Italy) for abdomen discomfort. Medical history reported only estrogenic assumption for 13 years. Abdominal Magnetic Resonance disclosed eight nodules (main diameter between 6.5 cm and 1 cm) in non-cirrhotic liver. Imaging findings were suggestive of diffuse nodular hyperplasia coexisting with multiple haemangiomas. Surgery of the larger and exophytic haemangioma-like lesion was stated, due to discomfort symptomatology and rupture risk. On gross examination, the excised lesion was composed by a parenchymal nodule centered by a fibrous scar and by an adjacent sub-capsular area with spongiotic appearance. Microscopic examination disclosed plates of non-atypical hepatocytes, partially circumscribed by fibrous septa converging in the central scar. The parenchymal nodule furthermore contained medium to large blood vessels with eccentric wall thickening. The adjacent spongiotic area was formed by an entanglement of blood vessels with dilated lumen. Histological examination was consistent for focal nodular hyperplasia (FNH) with adjacent cavernous haemangioma (Figure 1). Five years after presentation, the patient is in good clinical conditions, with no evidence of progression of the other nodules. A patient with large regenerative nodules must be carefully examined in order to distinguish aggressive lesions. Presumptive diagnosis is made with imaging techniques and/or clinical context, but absolute diagnosis cannot be made without tissue examination. FNH is a tumor-like malformation composed of hyperplastic nodules of hepatocytes. Like benign vascular tumors, FNH occurs in both sexes and all ages, but they are most commonly found in young women. The pathogenesis of

FNH is still poorly understood. It has been proposed that FNH is a hyperplastic response of the hepatic parenchyma to a pre-existing blood vessel abnormality, although the exact sequence is unclear. Thus, the association of multiple FNH and other vascular disorders seems to support the hypothesis of a common vascular *primum movens*.

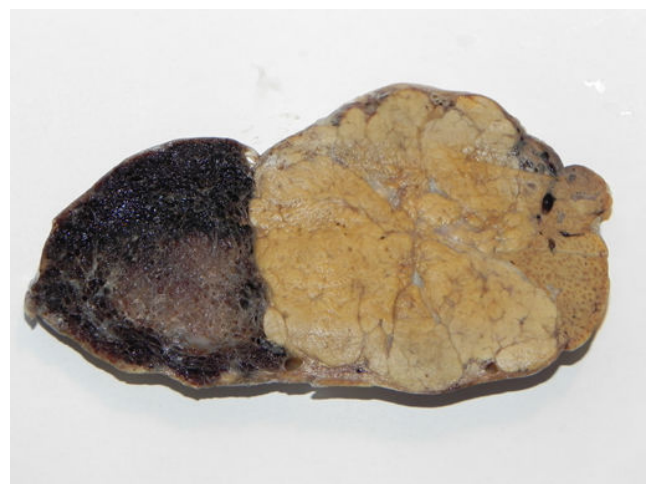


Figure 1: Focal nodular hyperplasia (FNH) with adjacent cavernous haemangioma.