

CLINICAL IMAGE

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Conservative management of hepatic adenomas

Christopher Cheong

CASE REPORT

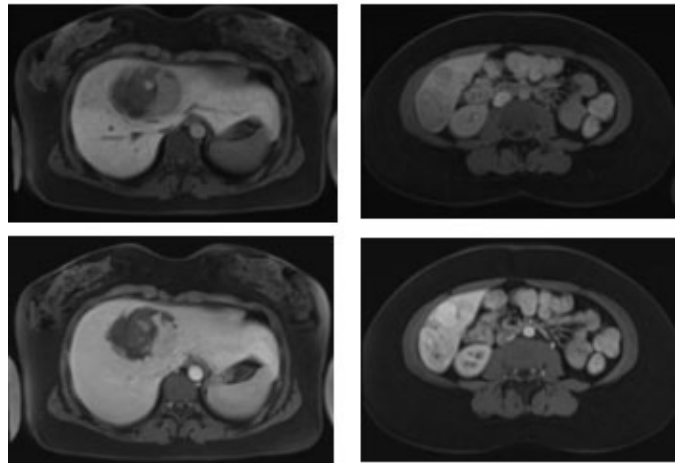
A 27-year-old female presented to the emergency department with a one week history of right upper quadrant pain. She had no past medical history but was currently on the combined oral contraceptive pill (OCP) for birth control. Following that, the patient had a computed tomography (CT) and subsequent magnetic resonance imaging of her liver which showed multiple hepatic adenomas, the largest being in segment 8 (64 × 73 × 57 mm) and segment 6 (45 × 38 × 32 mm) (Figure 1A). This was managed conservatively by ceasing the OCP and after one year and three months showed almost complete resolution on magnetic resonance imaging (MRI) imaging at clinic follow-up (Figure 1B).

DISCUSSION

Hepatic adenomas (HAs) are benign solid liver tumors. They are strongly associated with the use of external sex hormones (OCP and anabolic steroid use). Although largely regarded as benign tumors, they have a small risk of malignant transformation (<5%) [1]. Surgical resection is commonly recommended for HA larger than 5 cm due to the risk of spontaneous rupture and malignant transformation [2, 3]. However, there has now been a shift toward non-surgical management of HA [2].

Current literature shows no agreed consensus on the management of HA. It is recommended that HAs

Before (A)



After (B)

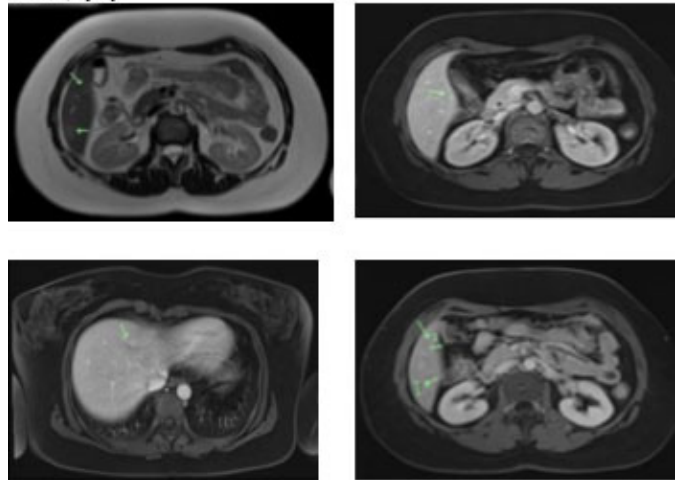


Figure 1: (A and B) The following images show the before and after comparison of the hepatic adenomas and almost complete resolution of the adenomas.

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larger than 5 cm be surgically resected due to the risk of hemorrhage [4]. However, the case report shows that even large hepatic adenomas (greater than 5 cm) can be conservatively managed with the withdrawal of exogenous estrogen. However, this author would like to add a note of caution that conservative management of HAs incurs a greater risk of malignant transformation in males [2]. For patients with β -catenin mutation in HA

there is still unclear evidence that it leads to an increased risk of malignant transformation [3].

CONCLUSION

No consensus has been shown on the management of hepatic adenomas. Generally, surgical resection is recommended for HA larger than 5 cm because of the risk of hemorrhage. There has now been a shift toward non-surgical management of HA.

Keywords: Hepatic adenomas, Non-surgical management, Oral contraceptive pill

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Author Contributions

Christopher Cheong – Conception of the work, Design of the work, Acquisition of data, Analysis of data, Interpretation of data, Drafting the work, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

Guarantor of Submission

The corresponding author is the guarantor of submission.

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Written informed consent was obtained from the patient for publication of this article.

Conflict of Interest

Author declares no conflict of interest.

Data Availability

All relevant data are within the paper and its Supporting Information files.

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