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## **An incidental hepatic epithelioid hemangioendothelioma in a patient with chronic hepatitis: lost in the maze**

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### **Conflict of Interest**

All authors have no conflicts of interest to declare.

### **Ethical Approval**

This study was approved by the local institutional review board and informed consent was obtained from the patient for the publication.

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Dear Editor,

Hepatic epithelioid angioendotheliomas (HEHE) are rare vascular tumors with low to intermediate malignancy (1). Imaging plays an important role in the diagnosis of HEHE. However, imaging characterization of HEHE still remains challenging, since HEHE is commonly misdiagnosed as hepatocellular carcinoma, cholangiocarcinoma or metastases (2).

A 60-year-old woman with a 20-years history of hepatitis B presented with 2 weeks of dull pain in the right upper quadrant and intermittent nausea. Her serum alpha-fetoprotein(8gn/ml), carbohydrate antigen125(10.3U/ml), carbohydrate antigen 199 (9.9U/ml)were within the normal range, and her liver function was graded as Child-Pugh A. Magnetic resonance imaging (MRI) showed a solitary lesion with a multi-layered target appearance resembling a "maze" in Segment VIII of the liver. On diffusion-weighted image and T2-weighted images the mass showed six layers with alternate high and low signal (Fig. 1a, b). However a three-layered target appearance was recognizable on T1-weighted images (Fig.1c). On Gd-EOB-DTPA enhanced-MRI, the lesion showed rim enhancement on the arterial and portal phase (Fig.1d, e), and became a low signal target with a hypointense core on the hepatobiliary phase (Fig.1f). The patient underwent laparoscopic lobectomy and histopathology confirmed hepatic epithelioid hemangioendothelioma (HEHE).

One of characteristic imaging features "halo sign" or target appearance consists of three layers of varying signal on MRI, which is known to be related to necrosis, prior hemorrhage, thrombosis and stroma (3). Interestingly, our case shows a solitary lesion with as many as six layers. Overall appearances are more like a "maze", which is a challenge for diagnosis. This maze-like manifestation actually makes hepatocellular carcinoma or metastasis as the main differential being very unlikely. Other differentials such as cholangiocarcinoma, atypical hemangioma and angiosarcoma are also unlikely to show more than three layers. The lesion shows a seed-like central hypointense core on the hepatobiliary phase as "core pattern". Recognition of core pattern can further assist in the differential diagnosis from hepatocellular carcinoma or cholangiocarcinoma (4).

In conclusion, our case highlights HEHE needs to be taken into consideration when a multi-layer target lesion is found incidentally in the patient with chronic hepatitis – don't get lost in the maze.

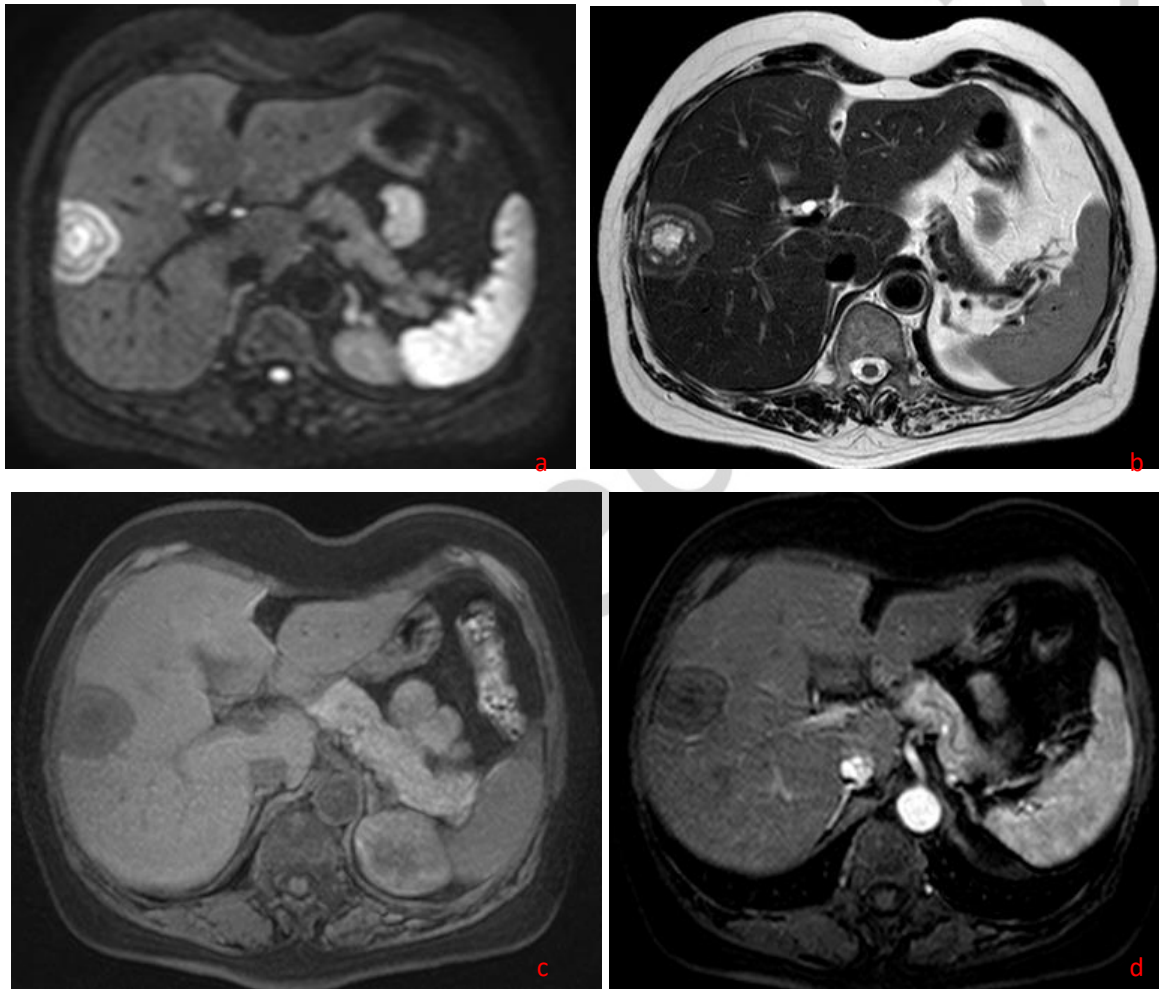
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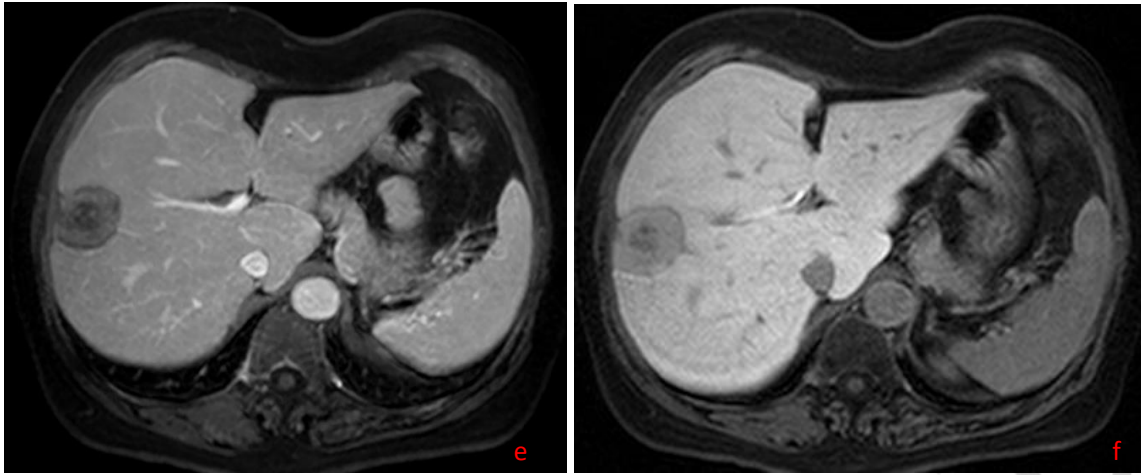


Fig.1 The tumor shows a six-layered heterogeneous signal intensity on DWI (a) and T2WI (b), and a three-layered target appearance on T1WI (c) with rim enhancement on the arterial and portal phase (d, e), and as a low signal target with a hypointense core on the hepatobiliary phase (f).

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