

Title:

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Extremely giant liver hemangioma: a case beyond the norms

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Dear Editor,

A 68-year-old overweight woman with no history of oral contraceptive use presented a large liver mass of 40 cm on abdominal ultrasound without associated symptoms.

Complete blood count, coagulation study, and liver biochemistry were unremarkable.

Abdominal contrast-enhanced CT revealed a 33x24 cm lesion with discontinuous peripheral globular uptake and centripetal fill-in, consistent with an extremely giant hemangioma. It affected all segments of the right lobe, compressing the right suprahepatic vein and displacing all intra-abdominal structures, with a deviation of the midline structures (stomach and pancreas) to the left (A,B,C).

Given the hemangioma size and its significant mass effect, surgery was discussed but declined by the patient, who remains asymptomatic 3 years later.

Extremely giant liver hemangiomas (>10 cm) are rare, and the approach to asymptomatic patients is debated. Some advocate for prophylactic excision due to the potential for internal bleeding, growth, or rupture (1), while others suggest intervention for hemangiomas near major vascular structures (2). The American College of Gastroenterology recommends surgical intervention in such cases, but the European Association for the Study of the Liver suggests a conservative approach for most patients.

This case highlights a successful "watch-and-wait" strategy, bringing attention to this unusual condition and its controversial management.

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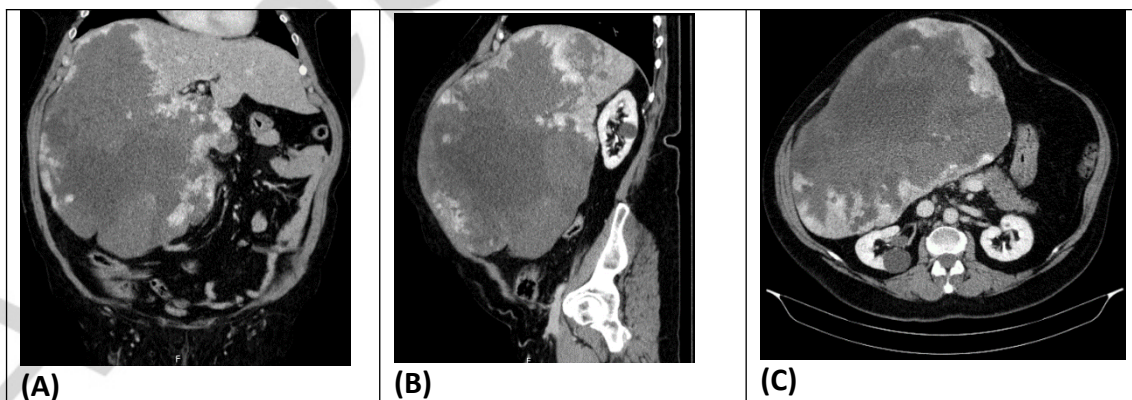


Image A - Contrast-enhanced coronal computed tomography scan demonstrating the huge size of the hemangioma which occupies the entire right lobe. Image B - Contrast-enhanced sagittal computed tomography scan demonstrating the significant mass

effect. Image C - Contrast-enhanced axial computed tomography showing the the impact on intra-abdominal structures

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