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Extracapsular Hepatocellular Adenoma: A Diagnostic Dilemma

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Introduction

- Hepatocellular adenoma (HCA) is a benign tumor of the liver and almost always located intracapsular.^{1,4,5} Bleeding (25%), and malignant transformation (5%) can complicate the disease course if left untreated.¹
- In this report, we present a case with solitary extracapsular HCA of ectopic liver complicated with necrosis and intraperitoneal hemorrhage.

Case Presentation

- A 43-year-old lady with no past medical history presented to ED with two-day history of **left shoulder pain** and epigastric discomfort. Her only medication was an oral contraceptive pill (OCP).
- On physical exam, the patient had persistent sinus tachycardia, and epigastric tenderness.
- CT of the abdomen showed a heterogeneously enhancing mass suspected to be arising from the anterior wall of the stomach. T2 weighted MRI abdomen demonstrated a **hypoenhancing mass measuring 4x7x8 cm with adjacent hemorrhage** (Image 1).
- Exploratory laparotomy revealed an infarcted, hemorrhagic mass between the fundus of the stomach, spleen, and diaphragm with a large amount of clots and free blood occupying the greater curvature. The mass **was separated from surrounding viscera** however, slightly attached to the diaphragm.
- Resection of the mass was done with no complications. Initially, the lesion was thought to be an accessory spleen based on location and gross examination. Microscopically, findings were most consistent with a **hepatocellular adenoma** (Image 2).

Case Presentation (cont'd)



Image 1. T2 weighted MRI of the abdomen demonstrated a hypoenhancing mass measuring 4 x 7 x 8 cm in maximum anteroposterior, transverse, and craniocaudal dimensions (arrow). (A) transverse view, (B) coronal view.

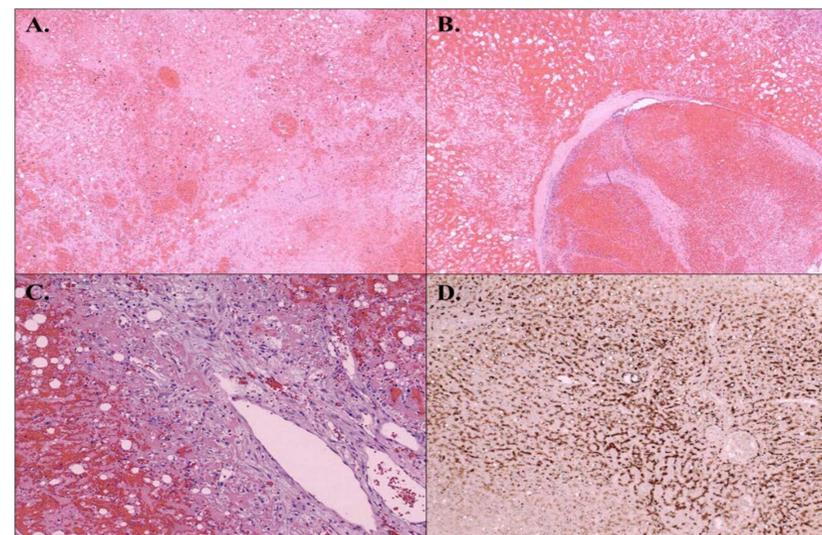


Image 2. Pathological examination of the surgical piece revealed an infarcted, hemorrhagic mass was composed of cords of degenerated epithelioid cells with vacuolated and occasionally lipid-laden cytoplasm (A), a large, dilated vessel with thrombi (B) and papillary endothelial hyperplasia. The mass was surrounded by reactive fibro- and myofibroblastic tissue (C). Epithelioid cells were stained positive with pan-keratin CK AE1/AE3 (D).

Discussion

- HCA is an overlooked diagnosis and can result in serious complications if unrecognized.¹
- Among the well-known risk factors of HCA are OCPs or anabolic steroids, pregnancy, and steatohepatitis. The prevalence of these lesions has been rising parallel to increasing use of OCP and abdominal imaging.^{1,2}
- In females, lesions <5cm with no associated symptoms or complications can be managed conservatively by terminating OCP use, and surveillance.^{1,3}
- Our patient presented with acute left shoulder pain which was likely due to phrenic nerve irritation by bleeding (Kehr's sign).⁶ Her tachycardia and symptoms **have resolved postoperatively**. To best of our knowledge, there are only three cases of extracapsular HCAs reported in the English literature.^{4,5} Our case is unique given the localization of the adenoma in omentum resulting in a challenging presentation.

References

- Torbenson, M. (2018). "Hepatic Adenomas: Classification, Controversies, and Consensus." *Surg Pathol Clin* 11(2): 351-366.
- Katabathina, V. S., et al. (2011). "Genetics and imaging of hepatocellular adenomas: 2011 update." *Radiographics* 31(6): 1529-1543.
- Agrawal, S., et al. (2015). "Management of Hepatocellular Adenoma: Recent Advances." *Clin Gastroenterol Hepatol* 13(7): 1221-1230.
- Derebey, M., et al. (2017). "A First Report of Synchronous Intracapsular and Extracapsular Hepatic Adenoma." *Case Rep Surg* 2017: 9053568.
- Leone, N., et al. (2005). "Ectopic livers and related pathology: report of three cases of benign lesions." *Dig Dis Sci* 50(10): 1818-1822.
- Lowenfels, A. B. (1966). "Kehr's sign--a neglected aid in rupture of the spleen." *N Engl J Med* 274(18): 1019.