

Giant Hepatic Hemangioma: Dulling the Blade of Ockham's Razor

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Introduction

- *Ockham's razor* suggests the simplest diagnosis is likely correct. *Hickman's dictum* says multiple diagnoses may occur in one patient
- We present a patient with abdominal pain due to giant hepatic hemangioma, as well as secondary hypertension (HTN) and hirsutism due to adrenal mass

Case Presentation

- 38-year-old woman presented with simultaneous-onset HTN, hirsutism, and right-sided abdominal pain for two years
- Past Medical History: cervical ectropion
- Medications: spironolactone, amlodipine, irbesartan, progestin intrauterine device
- Physical Exam: heart rate 70 beats per minute, blood pressure 170/100 mmHg, facial hirsutism, acne, abdominal distention with tenderness to palpation in the right upper and lower quadrants
- Labs: see Table 1
- Magnetic Resonance Imaging (MRI): 13.9 x 14.1 x 20.2 centimeter (cm) mass replacing the right hepatic lobe (Figure 1A), normal left adrenal gland, right adrenal gland not visualized, and patent renal vessels
- Management: right hepatic resection with enucleation (Fig. 1B) revealed a 3 cm right adrenal gland mass (Fig. 1C) requiring right adrenalectomy

Case Presentation (Cont.)

- Pathology of Liver: well-demarcated vascular neoplasm consistent with hepatic hemangioma
- Pathology of Right Adrenal Gland: nodular cortical hyperplasia correlating with aldosterone hypersecretion (Fig. 1D)
- Clinical Course: normotension without anti-hypertensive medications, resolution of hirsutism and abdominal pain

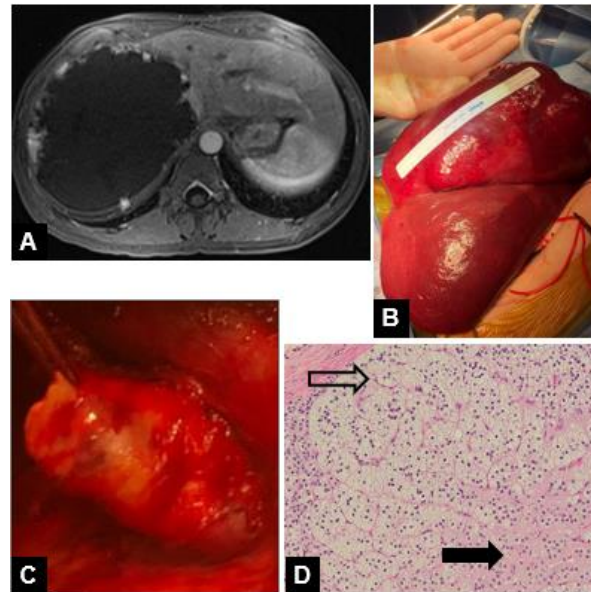


Figure 1. A, MRI abdomen with intravenous gadobutrol. B, Giant liver hemangioma specimen. C, Right adrenal mass specimen. D, Adrenal cortical hyperplasia with enlarged lipid-rich cells (black open arrow) and lipid-depleted cells (black solid arrow). Hematoxylin and Eosin stain, magnification 200X.

Discussion

- The concurrent-onset of HTN, hirsutism, and abdominal pain was explained by two distinct, unrelated entities – hepatic hemangioma and unilateral adrenal hyperplasia
- This unique case of a giant hepatic hemangioma obscuring radiographic views of an adrenal mass reminds clinicians that patients can have as many diseases as they please

Lab	Value	Reference Range
Sodium (mmol/L)	139	136-145
Potassium (mmol/L)	3.7	3.4-5.1
Cortisol, serum (mcg/dL)	5.9	5.0-25.0
Aldosterone, serum (ng/dL)	6.6	<44.5
Renin, plasma (ng/mL/h)	0.8	0.6-4.3
Adrenocorticotropic hormone (pg/mL)	8.2	5.0-46.0
Epinephrine, urine (mcg/24h)	8.3	<21
Norepinephrine, urine (mcg/24h)	61	15-80

Table 1. Laboratory values