

ADEN-OH-MY!-TOSIS: A CASE OF SEVERE SYMPTOMATIC HEPATIC ADENOMATOSIS

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INTRODUCTION

- Hepatocellular adenomas (HCA) are benign solid liver lesions
- Often found incidentally on imaging
- Arise in normal livers, often in women aged 40-50
- Large HCA risk malignant transformation and spontaneous rupture
- Hepatocellular adenomatosis is a rare disorder of 10+ HCA
- We present a case of severe and symptomatic hepatocellular adenomatosis successfully treated with extensive hepatectomy

CASE DESCRIPTION

- A 39-year-old woman presented to the emergency department multiple times with severe, intermittent right upper abdominal pain that radiated to her back
- Lab tests with Alkaline Phosphatase 114 (H) U/L, Alanine Aminotransferase 37 U/L, Aspartate Aminotransferase 44 U/L
- Liver ultrasound demonstrated a lobular liver contour with diffuse heterogeneous echotexture, CT with multiple liver masses (Figure 3)
- Subsequent MRI demonstrated numerous hyperintense lesions, the largest which was a 4.9 x 8 x 5.8 cm exophytic lesion
- AFP, CA 19-9, colonoscopy, pelvic ultrasound were normal
- Pathology demonstrated an HCA
- She underwent left hepatic and caudate lobe resection and intraoperative radiofrequency ablation of her right lobe lesion (Figure 1 and 2)
- There were multiple smaller HCA near the portal vessels that were untreated as they were thought to be low risk
- Her symptoms and liver enzymes improved



Figure 1: Gross liver specimen post hepatectomy

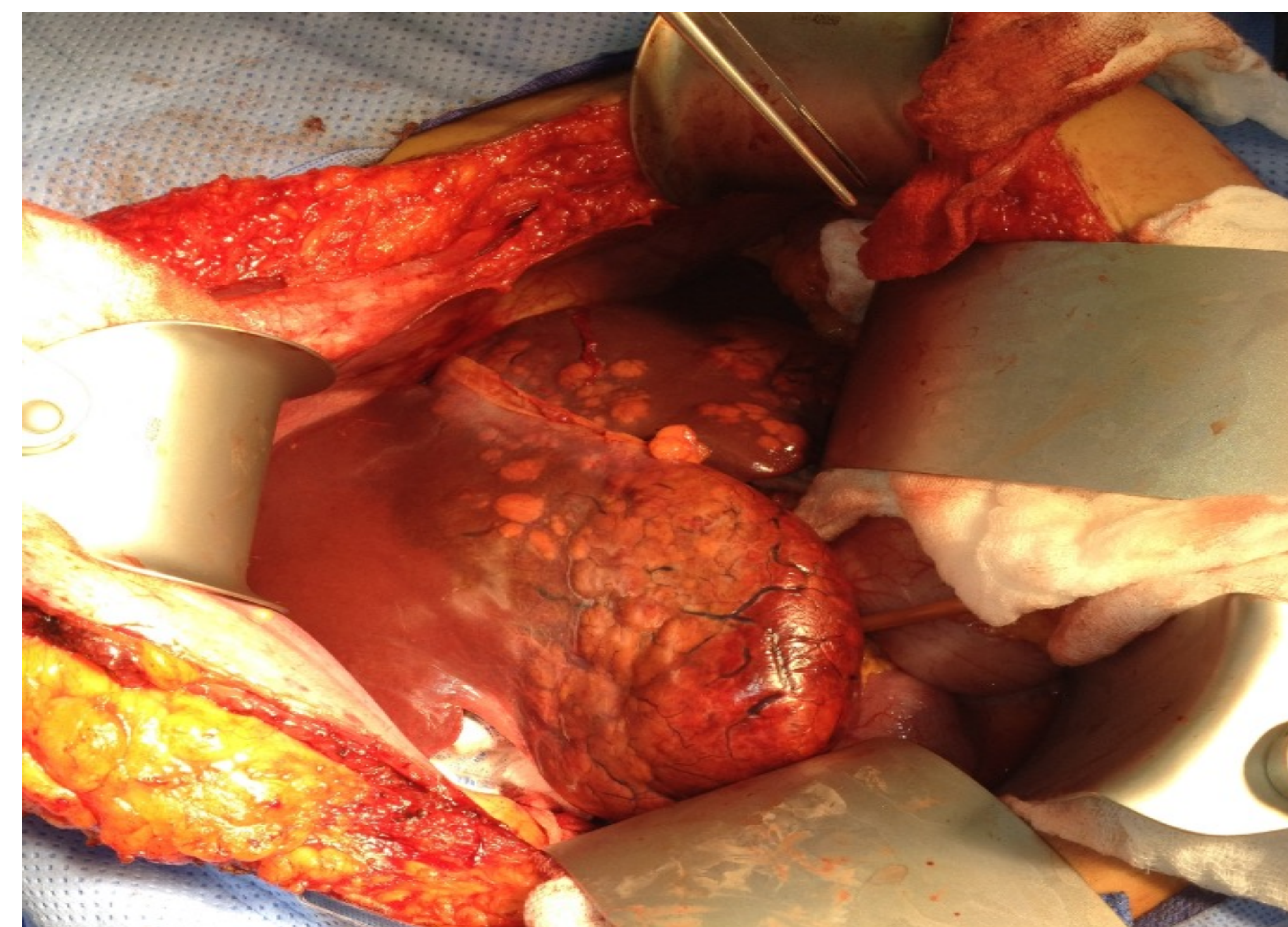


Figure 2: Intraoperative view of liver with visible adenomatosis

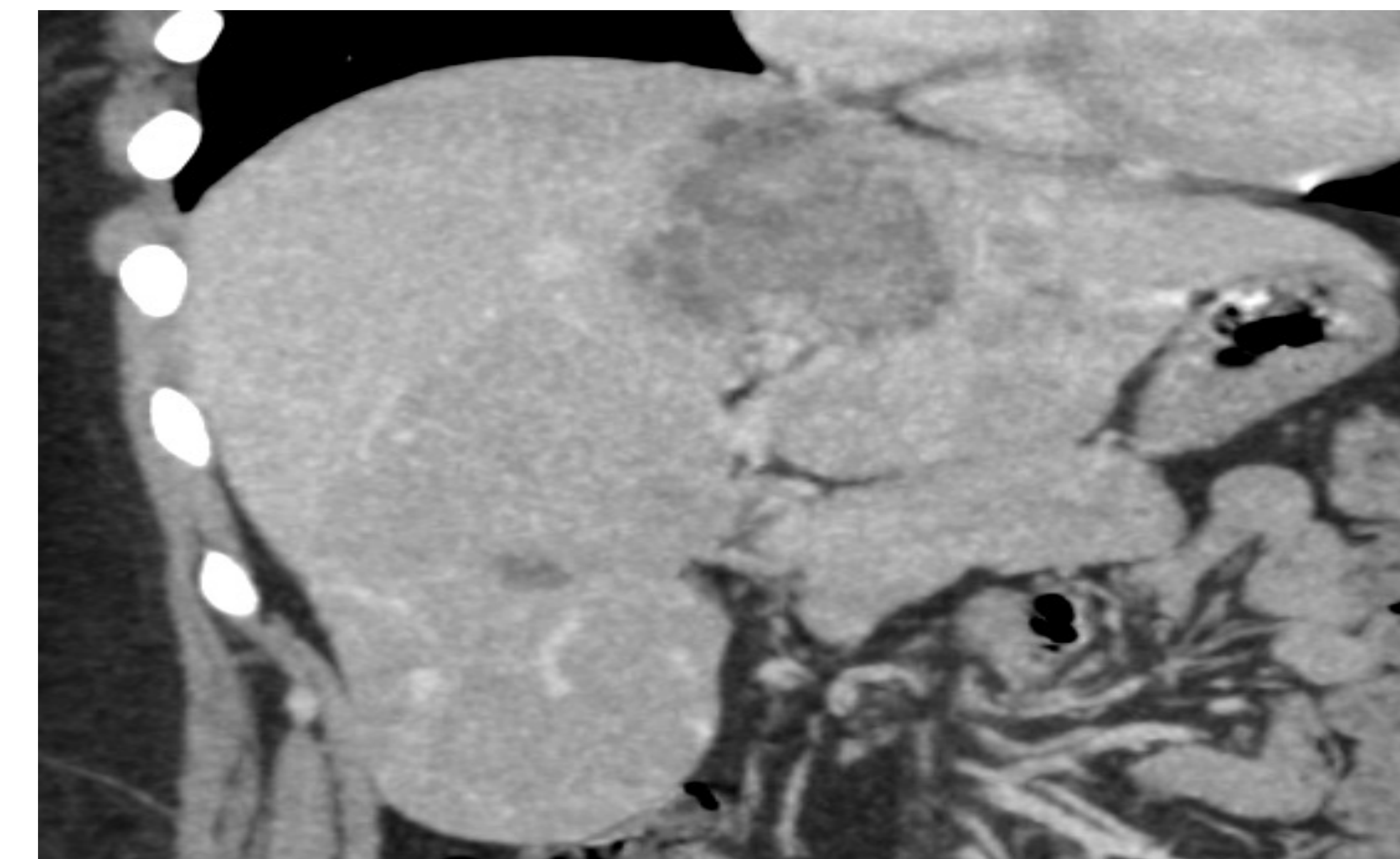


Figure 3: CT Liver with HCAs

DISCUSSION

- Hepatocellular adenomatosis is a rare liver disorder that is often asymptomatic and incidentally found but carries risk of malignant transformation and bleeding
- There are four subtypes of HCA: hepatocyte-nuclear-factor-1 alpha mutated, beta-catenin-mutated type (higher risk), inflammatory type, and unclassified type
- Morbidity is associated with multiple or larger lesions, factors important to assess a person's risk and need to intervene early
- Resection is recommended for all HCA over 5cm or symptomatic lesions.
- For other HCA and patients with hepatocellular adenomatosis, biopsy may be considered to determine the subtype to aid in future prognostication
- This case highlights a rare case of symptomatic, severe hepatocellular adenomatosis successfully treated with extensive hepatectomy