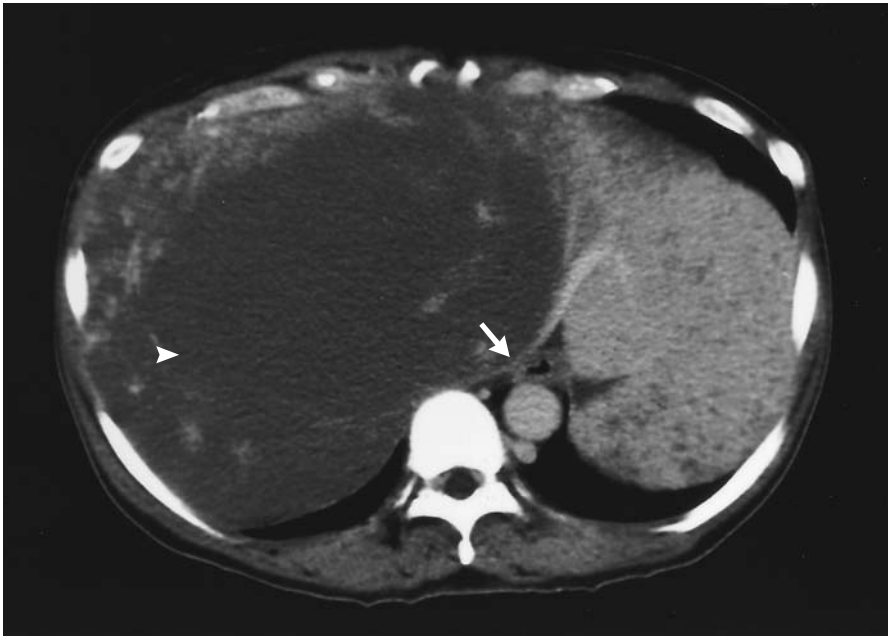


## Giant Hepatic Hemangioma



**A** 46-YEAR-OLD WOMAN HAD A ONE-YEAR HISTORY OF ABDOMINAL DISTENTION. Physical examination showed an upper-abdominal mass extending from the right hypochondrium to 10 cm below the umbilicus. Laboratory studies disclosed thrombocytopenia (platelet count, 127,000 per cubic millimeter), prolongation of the prothrombin time (to 14.6 seconds), and a decrease in the fibrinogen level (to 80 mg per deciliter). The peripheral-blood smear showed anisocytosis. A computed tomographic scan showed a large, low-density mass in the right lobe of the liver (arrowhead), with prominent compression of the inferior vena cava (arrow). The patient underwent a right hepatic lobectomy. The mass was a cavernous hemangioma measuring 35 by 30 by 8 cm and weighing 4900 g. Three years after surgery, the patient was doing well and had not had a recurrence.

Cavernous hemangioma is the most common benign hepatic tumor. It typically occurs in women. Lesions measuring more than 4 cm in diameter are known as “giant hemangiomas” and often cause symptoms such as vague abdominal distention and pain. The constellation of giant hemangioma, thrombocytopenia, and localized consumption coagulopathy is known as the Kasabach–Merritt syndrome.

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