## Case 642

# Eurorad ••

### Liver hemangiomas.

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DOI: 10.1594/EURORAD/CASE.642 ISSN: 1563-4086 Section: Abdominal imaging Imaging Technique: CT Case Type: Clinical Cases Authors: Y. Gandon Patient: 39 years, male

**Clinical History:** 

Fortuitous discovery of multiple hyperechoic liver nodules. **Imaging Findings:** 

Chronic abdominal pain. Ultrasound examination showed multiple hyperechoic liver nodules. Hepatic biology parameters were normal.

#### Discussion:

Liver hemangiomas are very common. Usually they are frankly hyperechoic, well limited, except in case of underliving liver steatosis. Diagnostic certitude, if there is some doubt after ultrasound, is better obtained by MRI giving structural information (hypersignal on T2-weighted sequences) together with dynamic enhancement. CT-scan is less efficient but can also show the centripetal progressive enhancement. The timing of enhancement is depending of the level of lesion vacularity, leading to different aspects from hypervascular lesions to hypodense lesions with a very slow enhancement. The presence of small periphal nodules at arterial phase. **Differential Diagnosis List:** Liver hemangiomas.

Final Diagnosis: Liver hemangiomas.

#### **References:**

Nelson RC, Chezmar JL Diagnostic approach to hepatic hemangiomas. Radiology 1990 Jul;176(1):11-3. (PMID: <u>2191359</u>)

## Figure 1



Description: Pre-contrast image showing two hypodenses nodules. Origin:



**Description:** Pre-contrast image showing a third hypodense lesion. **Origin:** 



Description: Arterial phase image showing the pereipheral enhancement of the two lesions. Origin:

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**Description:** Arterial phase image showing the pereipheral enhancement of the third lesion wich is already almost filled-in. **Origin:** 



**Description:** Below the third lesion there is a hyperdensity in the adjacent liver which is very common in case of highly vascular hemangioma. This is correponding to a small arterio-venous shunt. **Origin:** 



Description: Progressive fill in of the upper lesions. Origin:



Description: Centripetal enhancement of the third lesion. Origin: