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Primary Hepatic Angiosarcoma Mimicking Hemangioma in Liver Cirrhosis Patient

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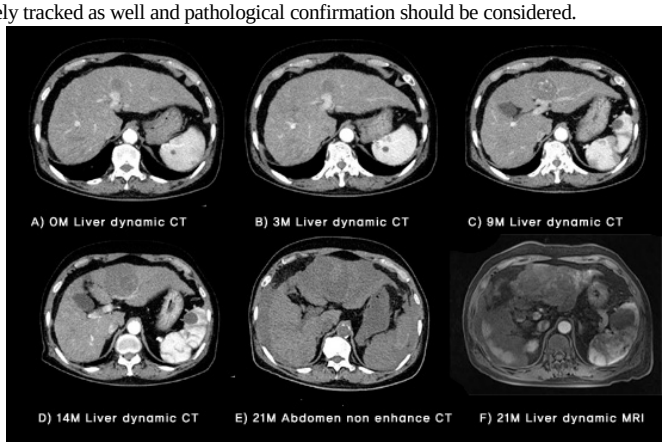
Introduction: Hepatic angiosarcoma (HA) is a rare malignancy (0.1~2%) with poor prognosis. It is highly malignant and rapidly progressing, but shows no specific clinical feature. Imagings show variable features and differentiating HA from hemangioma and hepatocellular carcinoma is difficult. Here, we report a case of HA mimicking hemangioma in a liver cirrhosis patient. **Case:** A 72-year-old man with alcoholic liver cirrhosis from our outpatient clinic had regular ultrasonography. A 1.6cm hepatic nodule was noticed. Subsequent computed tomography (CT) showed 2.1cm oval to lobular hypodense lesion with centrifugal progressive enhancement in segment 3, consistent with hemangioma. Alpha-fetoprotein and protein induced by vitamin K antagonist-II were checked at 3.78 ng/mL and 10mAU/mL. At 9 and 14-month follow up, CT showed rapid growth from 4.1 to 7.0 cm. To obtain definitive diagnosis, liver biopsy was done. No distant metastasis was found. We recommended surgical resection, but the patient refused further treatment. After 6 months from diagnosis, the patient was admitted due to spontaneous rupture of HA. And at 12 months, died of hepatic failure. **Discussion:** Characterization of focal lesions in cirrhosis may be challenging. Like our case, image findings of HA and hemangioma are similar. However, rapid growth and rupture suggest HA rather than hemangioma. A definitive diagnosis was made by biopsy despite liability to bleed. A benign-looking lesion should be closely tracked as well and pathological confirmation should be considered.



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Adult hepatoblastoma : A case report

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Hepatoblastoma is a malignant tumor known to occur amongst infants, but it is also known to very rarely occur in adults and there has been less than 50 such cases reported worldwide. There is still little known about the pathology of the disease. Complete resection is the most reliable treatment, and neoadjuvant chemotherapy to reduce the tumor size can enhance resectability. But prognosis is extremely poor, this is due to diagnosis in later stages in most cases. So early diagnosis and more effective method of treatment is crucial for a better survival rate. This article is a case report of a 62-years-old male who were diagnosed with hepatoblastoma. He visited the clinic with right-upper abdomen pain. Initial vital sign was stable. In physical exam, the patient had right-upper abdominal tenderness and large mass was palpable in there. The laboratory findings were aspartate aminotransferase 41 IU/L, alanine aminotransferase 31 IU/L, total bilirubin 1.52 mg/dL. And serum viral markers were HBsAg (-), HBsAb(-), HCV-Ab(+), and HCV RNA 240000 IU/ml. The serum AFP was elevated to 8560 ng/ml. Abdominal CT showed multiple large irregular masses in S3,4,5, and 6. On pathological exam, the patient had hepatoblastoma, mixed epithelial and mesenchymal type. Because complete resection was nearly impossible, chemotherapy was started. But, patient's condition rapidly worsened, and expired only after a month from the first visit.