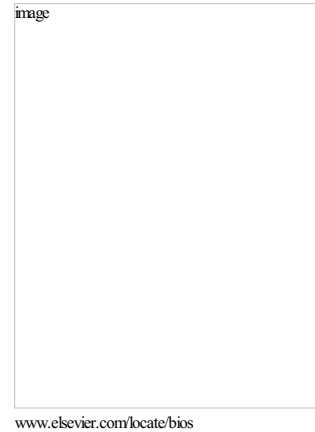


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Bifocal hepatocellular carcinoma (HCC): Magnetic resonance imaging features after trans-arterial embolization (TAE)

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Typical imaging findings of HCC are demonstrated in this case. The spontaneous high signal intensity on unenhanced T1-weighted fat saturation (Figure 1a; arrow) is likely related to the presence of glycogen [1]. On post-contrast T1-weighted (Gadoterate meglumine. Dotarem, Guerbet, France) the tumour appears hypervascular at the arterial phase (wash-in) followed by hypovascular appearance at the portal venous phase (wash-out) when compared to the surrounding non-tumoral hepatic parenchyma (Figure 1b-c). On the delayed venous phase (Figure 1d) peritumoral enhancement is observed, corresponding to the tumour pseudo-capsule, which consists of compressed adjacent parenchyma with nonspecific inflammatory cells [2, 3]. According to the Li-RADS categorization, these lesions correspond to Li-RADS

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