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## Case Report

# Subcapsular hepatic endometriosis: case report and review of the literature

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## ABSTRACT

Hepatic endometriosis is a very rare medical condition characterized by the implantation of ectopic endometrial tissue within the hepatic parenchyma. Preoperative diagnosis is difficult via cross-sectional imaging and histopathologic evaluation remains the gold standard for diagnosis. We report a case of hepatic endometrioma in a 44-year-old woman with history of endometriosis. The literature is reviewed, and magnetic resonance imaging findings together with differential diagnosis of hepatic endometriosis are highlighted.

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## Case report

A 44-year-old woman with a history of endometriosis was referred to our radiology unit with progressive right upper quadrant pain and vomiting for few months. The pain is periodic and dull in nature. Her surgical history included hysterectomy for endometriosis and cholecystectomy. The patient had a previous ultrasound that reported a 3-cm complex cystic lesion in the right lobe of the liver which was not further characterized.

Her tumor markers (alfa fetoprotein, CA 19-9, CA 125 and carcinoembryonic antigen) and liver function tests were within normal range.

Computed tomography (CT) scan of the abdomen demonstrated 3 cm rather well-defined hypodense subcapsular lesion in the right lobe of the liver that illustrated heterogeneous peripheral enhancement in the venous and delayed phases (Fig. 1). The primary differential considerations were subcapsular abscess, granuloma, hematoma, or metastasis, further characterization with magnetic resonance imaging (MRI) was suggested.

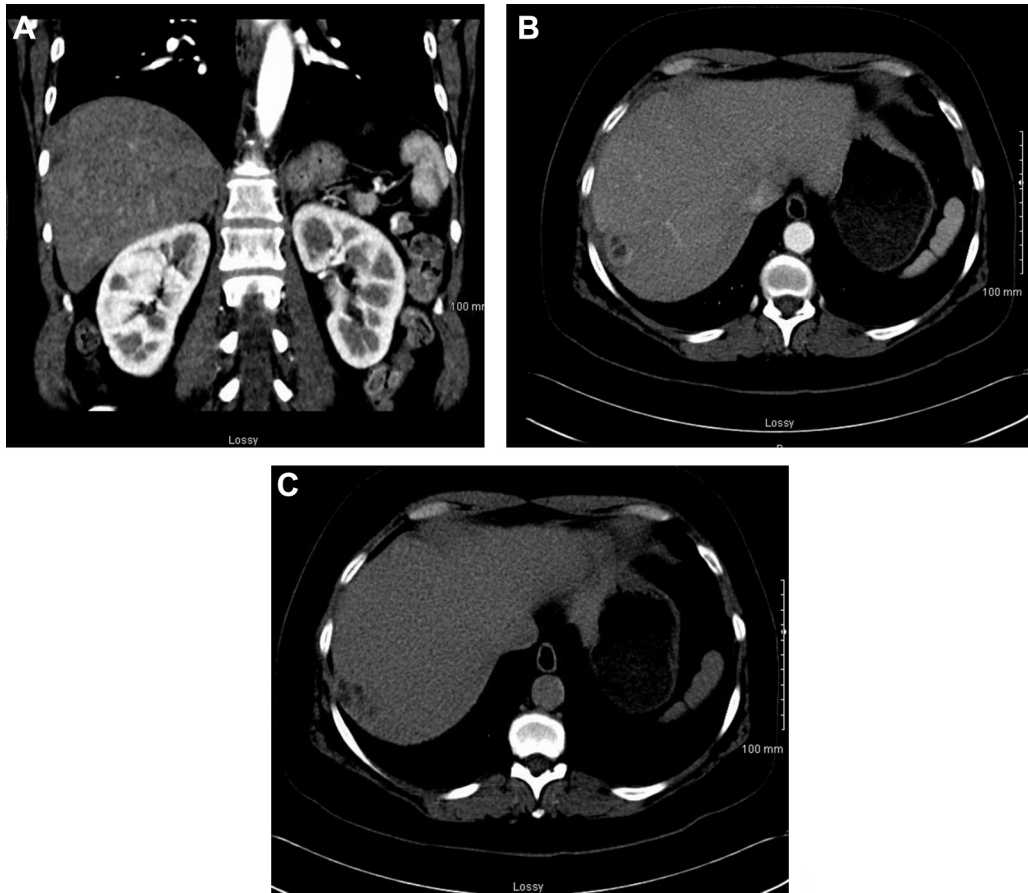
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**Fig. 1** – A 44-year-old woman with periodic right upper quadrant pain. Technique: multiphasic CT scan of the liver after injection of 90-mL Omnipaque 350 IV contrast obtained in arterial phase (after 25 seconds) coronal images (A), venous phase axial images (after 60 seconds; B) and delayed phase axial images (after 3 minutes; C). Findings: rather well-defined subcapsular hypodense focal lesion demonstrates faint arterial enhancement (A) with heterogeneous peripheral enhancement in venous (B) and delayed phase (C). There is no complete filling in delayed phase. No calcification. No washout.

MRI examination revealed subcapsular partially cystic focal lesion with intrinsic high-signal intensity in both T1-weighted and T2-weighted images—with and without fat suppression—suggestive of subacute hemorrhagic content. It exhibits heterogeneous peripheral enhancement in multiphasic contrast study (Fig. 2). The differential diagnosis was hematoma, complex hepatic cyst, hepatic adenoma (probably due to blood products), and hemorrhagic metastasis (ie, melanoma).

Due to nonconclusive imaging findings, CT-guided core biopsy was performed. Histopathology reported endometrioid glands, stroma, and smooth muscle, consistent with adenomyoma. The patient had followed up for 2 years without considerable increase in the size of the endometrioma, but with persistent pain in spite of hormonal treatment, she finally underwent hepatic segmentectomy for segment VII, and histopathology report confirmed the diagnosis of hepatic endometrioma (Fig. 3).

## Discussion

Endometriosis is a common benign disease affecting women of reproductive age usually with an estimated prevalence

rate of 17%-47% among infertile women [8]. Uterine and extrauterine endometriosis was the first described by Rokitsansky in 1860 [9]. Endometriosis is usually confined to the pelvis and reproductive organs, the ovaries are the most frequent location; however, other remote sites including the gastrointestinal tract, peritoneum, chest, scar tissue, lymph nodes, and kidneys have been also described [3–6,8]. The clinical presentation of the disease is variable and can be associated with distressing symptoms such as pelvic pain, dyspareunia, infertility, or it may be asymptomatic and incidentally discovered [8].

The mechanism of extrauterine endometriosis is still uncertain [7,8]. However, various theories have been proposed to explain the pathogenesis of endometriosis. In our report, we are discussing 2 of the major theories that strengthen their hypothesis through providing strong supporting evidences. These theories are the implantation theory and the celomic metaplasia theory.

The implantation theory suggests that endometrial tissue is transplanted into the peritoneum and pelvic organs through retrograde menstruation, hematogenous and/or lymphatic dissemination, or iatrogenic injury [7,8]. Considerable evidences have validated this theory: (1) The menstrual effluent

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