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CLINICAL CASE

Extracapsular hepatic adenoma. Case report and literature review[☆]

Edgar Vargas-Flores^{a,*}, Francisco Pérez-Aguilar^b, Yanet Valdez-Mendieta^c

^a Departamento de Cirugía General, Hospital de Especialidades, Centro Médico Nacional La Raza, Instituto Mexicano del Seguro Social, Mexico City, Mexico

^b Departamento de Cirugía General, Hospital General Regional 25, Instituto Mexicano del Seguro Social, Mexico City, Mexico

^c Departamento de Anatomía Patológica, Hospital General Regional 25, Instituto Mexicano del Seguro Social, Mexico City, Mexico

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KEYWORDS

Hepatic adenoma;
Hepatic adenomatosis;
Hepatic tumour

Abstract

Background: Hepatic adenomas are uncommon epithelial tumours. They usually appear in women between 20 and 44 years old. They are commonly located in the right hepatic lobe and are typically solitary masses. Multiple adenomas can present in patients with prolonged use of oral contraceptive pills, glycogen storage diseases and hepatic adenomatosis.

Clinical case: A 35 year-old woman without any significant past medical history, with a chief complaint that started in December 2012 with oppressive, mild intensity abdominal pain located in right upper quadrant in the abdomen on deep palpation. With an abdominal ultrasound showing a mass of 91 cm × 82 cm × 65 cm located in the right flank, isoechoic with internal vascularity. Contrast computed tomography scan showing an ovoid tumour with circumscribed borders, with heterogenic intense reinforcement and displacement of adjacent structures with dimensions of 88 cm × 71 cm × 80 cm. In laparotomy, excision of the tumour and cholecystectomy with the trans surgical findings of an 8 cm tumour with a pedicle containing one artery and one vein coming from the hepatic free border with strong adhesions to the gallbladder. Pathologic diagnosis: extracapsular hepatic adenoma.

Conclusions: Incidence of hepatic adenomas has increased in the last decades, in a parallel fashion with the introduction of oral contraceptive pills, showing association with glycogen

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* Corresponding author at: Cirugía General del Hospital de Especialidades del Centro Médico Nacional La Raza, Instituto Mexicano del Seguro Social, Calle Enrico Caruso 125, Torre A Int. 9, Colonia Peralvillo, Delegación Cuauhtémoc, C.P. 05220 Mexico City, Mexico. Tel.: +52 55 5499 5292.

E-mail address: eddgarr868@gmail.com (E. Vargas-Flores).

PALABRAS CLAVE

Adenoma hepático;
Adenomatosis
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Tumor hepático

storage diseases and to a lesser degree with diabetes and pregnancy. Diagnosis is clinical with the aid of imaging studies. Prognosis of hepatic adenomas is not well established, therefore, management depends on symptoms, size, number, location and certainty of diagnosis.

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Adenoma hepático extracapsular. Reporte de un caso y revisión de la bibliografía**Resumen**

Antecedentes: Los adenomas hepáticos son tumores epiteliales poco comunes. Usualmente aparecen en mujeres de 20 a 44 años; con frecuencia están localizados en el lóbulo hepático derecho y son típicamente solitarios. Los adenomas múltiples suelen presentarse en pacientes con uso prolongado de anticonceptivos orales, enfermedades de almacenamiento de glucógeno y adenomatosis hepática.

Caso clínico: Paciente femenina de 35 años sin antecedentes de importancia. Inició el padecimiento motivo de consulta en diciembre del 2012, con dolor abdominal opresivo de mediana intensidad en hipocondrio derecho. A la exploración de abdomen, se observa tumoración abdominal en flanco derecho y dolor a palpación profunda. El ultrasonido abdominal con tumoración de 91 × 82 × 65 cm localizada en flanco derecho, isoecoica con vascularidad interna. La tomografía axial computada contrastada abdominal muestra tumor ovoide de bordes delimitados, y reforzamiento intenso heterogéneo que desplaza estructuras adyacentes, con diámetros de 88 × 71 × 80 cm. Se realizó laparotomía con exéresis de tumor y colecistectomía con hallazgos transquirúrgicos: tumor de 8 cm de diámetro, con pedículo que incluye vena y arteria nutricia proveniente de borde hepático, adherido a vesícula biliar. Diagnóstico histopatológico de adenoma hepático extracapsular.

Conclusión: La incidencia de los adenomas hepáticos se ha incrementado en las últimas décadas, de forma casi paralela a la introducción de los anticonceptivos orales, además de asociarse con enfermedades de almacenamiento de colágeno y, de forma menos común, con diabetes mellitus y embarazo. El diagnóstico es clínico con ayuda de estudios de imagen. El pronóstico de los adenomas hepáticos no está bien establecido. El tratamiento se establece de acuerdo con los síntomas, tamaño, número, localización y la certeza en el diagnóstico.

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Background

Hepatic adenomas are benign epithelial tumours of the liver that develop in apparently normal tissue. They predominate in women aged from 20 to 44 years and in the right hepatic lobe. Most are solitary (in 80–90% of cases) and the size can vary from 1 cm to 30 cm. The presence of abdominal pain is generally associated with larger tumours.¹

The prognosis for hepatic adenoma has not been established, since these types of tumour can undergo malignant transformation, spontaneous haemorrhage and rupture.

It is important to differentiate hepatic adenoma from other types of benign tumour and definitive diagnosis is made by histopathological study of the surgical piece.

The association between oral contraception and liver tumours was described by Baum et al. in 1973.² There are studies that have demonstrated the association between doses and duration of hormone therapy with the presentation of these types of tumour.³

Most adenomas are detected incidentally in patients undergoing ultrasound, tomography or magnetic resonance procedures for a different reason, or they can manifest with non-specific or unrelated symptoms.

The annual incidence of hepatic adenoma is approximately one per million in women who have never used oral contraceptives, compared with 30–40 per million in patients who have used oral contraception for long periods of time.⁴ Oral contraceptives also affect the natural history of hepatic adenoma, and they have been observed to make them more numerous, larger and more prone to bleeding.⁵ In addition, regression of adenoma has been observed after discontinuing oral contraception with recurrence during further hormonal stimulus.⁶ Oestrogens are thought to cause the direct transformation of hepatocytes through steroid receptors.⁷

Development of hepatic adenoma has also been associated with anabolic androgenic steroids and with anabolic steroids used for the treatment of impotence, Fanconi

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