



Hepatic Giant Hemangiomas; Surgery or Endovascular Treatment?

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Clinical Image

Hemangiomas are the most common primary tumors of the liver, with a prevalence ranging from 3% up to 20% being reported in the literature [1-2]. Most lesions are asymptomatic and detected incidentally [1]. Lesions greater than 4 cm are called giant hemangiomas, in which case they might be symptomatic and thus require treatment [1,3]. When and how to treat hepatic hemangiomas is a controversial topic? With treatment generally being considered only in cases of symptomatic lesions, hemangiomas that are progressively growing or at high risk of bleeding [4]. Corticosteroids, radiotherapy, cytotoxic agents and surgery have been used for treatment, with surgical resection being the traditional treatment method [1,2,4]. But the resection complication rate is relatively high. Transcatheter Arterial Chemoembolisation (TACE) using bleomycin has been reported in the literature [1]. According to our studies, when minimally invasive endovascular treatment of giant hepatic hemangiomas is considered, TACE should be preferred over surgery.

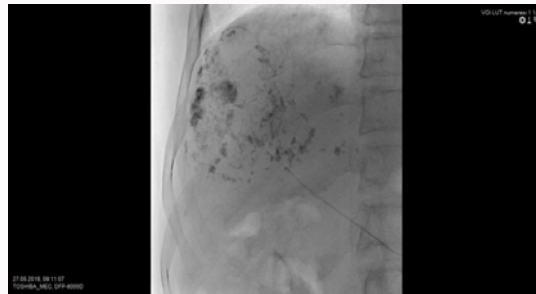


Figure 1: Digital subtraction angiography image showing the sinusoids of multiple hemangiomas filled with lipiodol-bleomycin mixture.

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Figure 2: Arterial phase CT image of a hepatic giant multiple hemangiomas before TACE.



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