

**QUICK DESIGN GUIDE**  
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**SECTION HEADER PLACEHOLDER**

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**TEXT PLACEHOLDER**

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**Torsed Ectopic Intra-Abdominal Liver Rest within an Adolescent Female**

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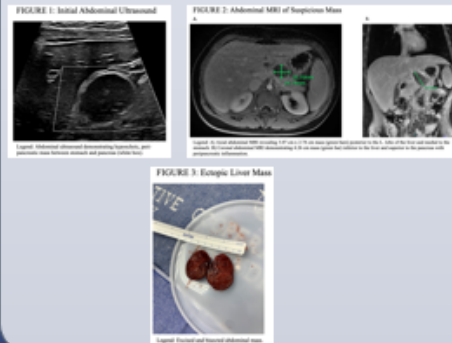
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**Background**

- Extra-hepatic liver tissue is extremely rare, with an annual incidence of 0.24-0.47<sup>1</sup>
- Often an incidental finding on pathology of resected tissue<sup>2,3</sup>
- Risk of transformation to HCC highlights importance of resection when identified<sup>4</sup>

**Case**

- 12y F with no significant PMH presented to pediatrician with 1mo of severe, intermittent epigastric pain and occasional bilious emesis that failed a trial of a GI cocktail.
- An abdominal ultrasound demonstrated a peripancreatic cystic mass with internal debris located between the stomach and pancreas (Figure 1).
- Given the unclear origin of this lesion, an abdominal MRI was obtained that identified a T1 hypointense, T2 hyperintense rim enhancing 4.3 cm mass with surrounding edema and adjacent peripancreatic inflammation (Figure 2).
- Differential diagnosis at that time included a foregut duplication cyst, an infradiaphragmatic sequestration and a pancreatic cystic lesion.
- Although the diagnosis remained unclear, her symptoms persisted during the workup, thus, we elected to take her to the operating room for a laparoscopic resection.
- During the procedure, a 4.5 cm firm, encapsulated mass was identified inferior to the left lobe of the liver, with the stalk originating from the lesser curvature of the stomach.
- Pathological evaluation revealed infarcted heterotopic liver parenchyma, consistent with a **torsed** liver rest (Figure 3).
- The patient was discharged on post-operative day one, and at her follow-up appointment one month later was asymptomatic.



**Discussion**

- Less than 100 unique cases have been published in the English literature
- Healthy liver appears uniform, with T1 hypointense and T2 hyperintense signals on MRI [7]. Though presence of tissue with these characteristics is not diagnostic for EL.
- Considered endoscopic biopsy but given the severity of her symptoms, we elected to proceed with surgical resection without further workup. Biopsy risks hemorrhage and potential malignancy seeding.
- EL tissue has been described in several organs [1-6]. Most commonly, it has been identified in the gallbladder, likely due to proximity of the gallbladder to the native liver [10].
- Theorized that EL is derived from aberrant hepatic tissue migration from a foregut diverticulum during embryological development [8].
- In general, EL tissue should be excised due to the increased risk of hemorrhage, pain, and transformation to hepatocellular carcinoma [5].
- Surgical excision is the only documented treatment modality. Alternative treatments such as arterial embolization and pharmacologic management have not been described.
- When possible, laparoscopic resection should be attempted to decrease length of hospital stay and reduce complications [11]. When completely resected, prognosis is excellent with no documented recurrence in the literature.
- Although most commonly found within other organs, our report demonstrates that EL rests can occur as independent, encapsulated masses.

**References**

1. Smalley P. *Diagnosis and Treatment of Heterotopia*. *Thieme Atlas*. 1983; 391: 301-13.
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**QUICK TIPS**  
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This PowerPoint template requires basic PowerPoint (version 2007 or newer) skills. Below is a list of commonly asked questions specific to this template. If you are using an older version of PowerPoint some template features may not work properly.

**Using the template**

**Verifying the quality of your graphics**  
 Go to the VIEW menu and click on ZOOM to set your preferred magnification. This template is at 100% the size of the final poster. All text and graphics will be printed at 100% their size. To see what your poster will look like when printed, set the zoom to 100% and evaluate the quality of all your graphics before you submit your poster for printing.

**Using the placeholders**  
 To add text to this template click inside a placeholder and type in or paste your text. To move a placeholder, click on it **once** (to select it), place your cursor on its frame and your cursor will change to this symbol: Then, click **once** and drag it to its new location where you can resize it as needed. Additional placeholders can be found on the left side of this template.

**Modifying the layout**  
 This template has four different column layouts. **Right-click** your mouse on the background and click on "Layout" to see the layout options. The columns in the provided layouts are fixed and cannot be moved but advanced users can modify any layout by going to VIEW and then SLIDE MASTER.



**Importing text and graphics from external sources**  
**TEXT:** Paste or type your text into a pre-existing placeholder or drag in a new placeholder from the left side of the template. Move it anywhere as needed.  
**PHOTOS:** Drag in a picture placeholder, size it **first**, click in it and insert a photo from the menu.  
**TABLES:** You can copy and paste a table from an external document onto this poster template. To adjust the way the text fits within the cells of a table that has been pasted, **right-click** on the table, click **FORMAT SHAPE** then click on **TEXT BOX** and change the **INTERNAL MARGIN** values to 0.25

**Modifying the color scheme**  
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