Irritated Hepatic Intra-Abdominal Liver Rest within an Adolescent Female

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Background
- Extrahepatic liver rests are extremely rare, with an annual incidence of 0.14-0.47%
- Often an incidental finding on pathology of resected tissue
- Risk of transformation to HCC highlights importance of resection when identified

Case
- 12y F with no significant PMH presented to pediatrics with lice of severe, intermittent epigastric pain and occasional bilious emesis that failed a trial of OTC oxycodone.
- An abdominal ultrasound demonstrated a paramesenteric cystic mass with internal debris located between the stomach and pancreas (Figure 1).
- Given the unclear etiology of the lesion, an abdominal MRI was obtained that identified a T1 hypointense, T2 hyperintense, 4.5 cm mass with surrounding edema and adjacent paramesenteric inflammation (Figure 2).
- Differential diagnosis at that time included a foregut duplication cyst, an intrabdominal teratoma, and a pancreatic cystic lesion.
- Although the diagnostic remained unclear, her symptoms persisted during the waiting time. Thus, we elected to take her to the operating room for 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 inferior curve of the stomach.
- Pathological evaluation revealed infected heterotopic liver parenchyma, consistent with a liver rest (Figure 3).
- The patient was discharged on post-operative day one, and after 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
- Though presence of tissue with these characteristics is not diagnostic for EL
- Considered endoscopic biopsy, given the severity of 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 [1-4]. Most commonly, it has been identified in the gallbladder, likely due to proximity of the gallbladder to the native liver [10].
- Identified that EL is derived from common hepatic tissue migration from a foregut diverticulum during embryological development [3].
- In general, EL tissue should be suspected due to the increased risk of hemorrhage, pain, and transformation to hepatocellular carcinoma [2].
- Surgical excision is the only documented treatment modality. Alternatives treatments such as alcohol ablation and pharmacologic management have not been described.
- When possible, laparoscopic resection should be attempted to decrease length of hospital stay and complication [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

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