Chinese Journal of Cancer Research 9(3):234,1997

ADULT MESENCHYMAL HAMARTOMA OF THE LIVER: A CASE REPORT

Wang Xianghui 王湘辉　Chai Fulu 柴福录　Dong Liang 董亮

Lanzhou General Hospital of PLA, Lanzhou 730050

Mesenchymal hamartoma of the liver is an uncommon benign lesion seen almost exclusively in children younger than 2 years. In this article we present a adult case.

CASE REPORT

A 55-year-old female, 1-year history of progressive abdominal distention. Physical examinations revealed a mass in the epigastric region which had a smooth surface, elastic consistency and slight tenderness. Laboratory tests: Routine analysis of blood, liver function, renal function and the level of α-fetoprotein were normal. The CT revealed a mass in the left lobular, measuring 9.6 cm × 8. 2 cm × 7. 0 cm, with smooth margin. The image was mixed-density, CT value 16.2 Hu-35.7 Hu. After injecting contrast-media, there were high-density regions interposition low-density regions. The same findings were obtained by ultrasonography. Laparotomy was done and the tumor was completely extirpated by left lobectomy. Histological examination of the operative specimen led to the diagnosis of mesenchymal hamartoma of the liver. Tissue slice revealed the tumor was a solid mass, elastic consistency, composed of teratogenoue blood vessels, lymphoducts, lymphoid tissue and interstitial phoroplast. There was hematoietic tissue in the lymphoid tissue and sporadic bile ducts in the interstitial tissue.

Accepted Dec. 31, 1996

DISCUSSION

Mesenchymal hamartoma of the liver is a rare benign lesion, about 100 cases have appeared in the literature in English. Most tumors appear in the first 2 years of life, about adult patients there were only few cases reported. The exact pathogenesis is not clear but the prevalent theory is that it represents aberrant development of primitive mesenchyme in the portal tracts, most likely from bile ducts. In most cases the clinical symptoms are abdominal distention accompanying or no abdominal mass. In children cases dyspnea may appear because of the enlargement mass limiting the movement of diaphragm. Laboratory examinations are almost normal, in a few cases of children α-fetoprotein is abnormally high and decreases to normal after resection of the tumor. For the preoperative diagnosis ultrasonography and CT are most useful. In early stage the lesion exhibits as a solitary mass. As the lesion progresses the bile ducts dilate and the mesenchyme degenerate in the tumor tissue, which result in the fluid accumulation within the cysts obstruction and dilatation of lymphatics or both, it appears as a cystic lesion with septa in the liver, such typical features most appear in younger cases. For treatment four surgical options can be selected: enucleation, marsupialization of the cysts into the peritoneal cavity, excision of the hamartoma with a surrounding rim of normal liver tissue and formal hepatic lobectomy. Most surgeons recommend excision. The prognosis of this tumor is good and recurrences after the tumor extirpated have not been reported.