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## A CASE OF FOCAL HEPATIC LESIONS

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**BACKGROUND/AIMS:** The diagnosis of non-malignant tumors of liver has greatly increased due to the widespread use of abdominal ultrasonography. The most frequent diagnosis is hemangioma, followed by focal nodular hyperplasia (FNH) and hepatocellular adenoma (HA). Differential diagnosis between these three benign tumors is of prime importance to avoid unnecessary surgical interventions. Hemangioma and FNH do not require surgery unlike HA. Fatal hemorrhage is more common with HA and suspension of oral contraceptives is mandatory by opposition to FNH that ordinarily doesn't require treatment. Progress in medical imaging facilitates identification of hemangioma and FNH, although histological proof must be obtained when there is uncertainty.

**METHODS:** We present the case of a female patient, 36 years of age, admitted because of right upper quadrant pain. She had dermatological and breast lesions under study. She was medicated with oral contraceptives and had family history of cancer. The patient had morbid obesity, a body mass index of 42, blood pressure 170/90 mmHg. Liver ultrasonography revealed several lesions and potential liver metastasis.

**RESULTS:** After several studies including mammography, upper endoscopy, colonoscopy, ultrasonography, computed tomography scans, ophthalmologic, ORL and dermatologic examinations, we were unable to find the primary site. The hepatobiliary magnetic resonance was not diagnostic because did not find an unequivocal stellate scar typical of FNH. The first liver biopsy oriented by ultrasonography showed steatohepatitis. To avoid missing the liver nodules, a second biopsy was performed, which revealed histological features of both FNH and adenoma, without a definite differential diagnosis between these two entities.

**<u>DISCUSSION/CONCLUSIONS</u>**: We discussed the atypical histological aspects found versus the potential association of FNH and adenoma in this patient.

Key words: focal nodular hyperplasia, adenoma, steatohepatitis