

Hepatic inflammatory pseudotumor in a cirrhotic patient

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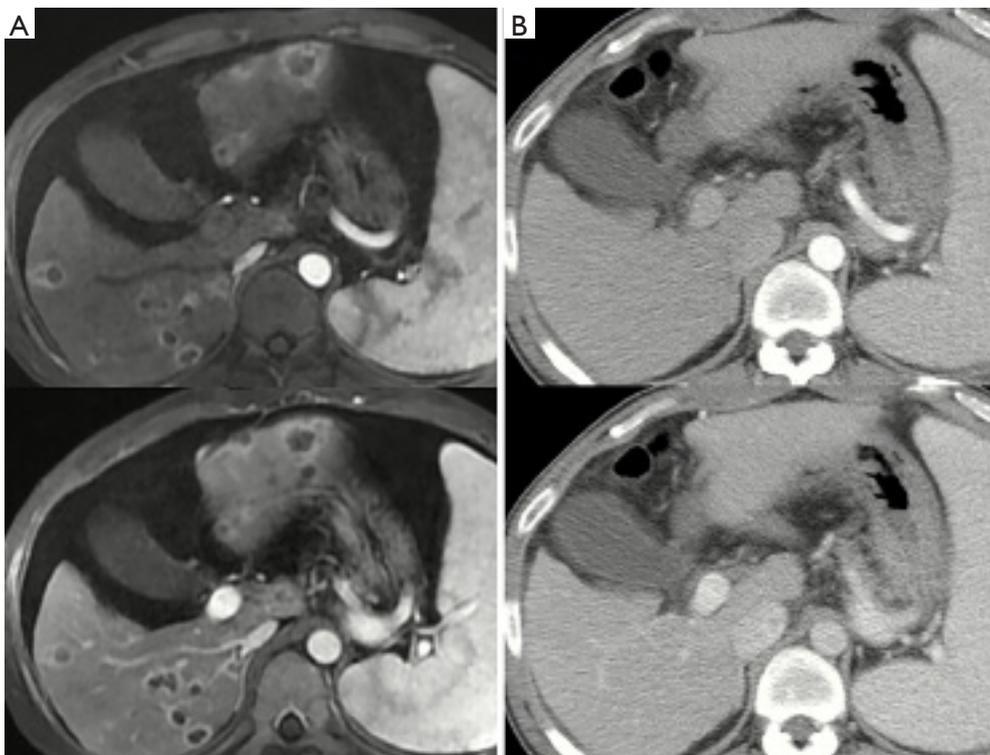
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A 40-year-old male with liver cirrhosis was admitted to our department due to recurrent haematemesis and melena for 7 days. He had a 10-year history of hepatitis B virus infection. Alcohol abuse was denied. During his hospitalization, except for blood transfusion, he received intravenous infusion of somatostatin and endoscopic variceal ligation and glue injection for treatment of variceal bleeding. Contrast-enhanced magnetic resonance imaging showed multiple lesions in the liver (Panel A). Tumor markers were within the normal range (alfa-feto protein was 1.35 IU/mL, alfa-feto protein L3 was 0.01 ng/mL, carcinoembryonic antigen was 3.38 ng/mL, carbohydrate antigen 199 was 21.11 U/mL). Liver biopsy was refused. No anti-cancer therapy was initiated. Three months later, endoscopic glue injection was prophylactically performed. Contrast-enhanced computed tomography scans were repeated showing a complete disappearance of hepatic lesions (Panel B). Hepatic inflammatory pseudotumor was considered. He had been followed for 27 months. Now, he is stable without any complaints.

Hepatic inflammatory pseudotumor is a rare benign liver disease, which is characterized as spontaneous resolution of liver

lesions without any intervention (1). In the present case with a previous history of hepatitis B virus related liver cirrhosis, multiple liver lesions are readily misdiagnosed as liver malignancy. It is very important for such a case to conduct a short-term follow-up to evaluate whether the liver lesions will spontaneously disappear.

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