

## Chapter 6

### LIVER HEMANJIOMAS

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Hepatic hemangioma is the most prevalent benign liver malignancy. It originates in the vascular structures of the liver and is characterized by anomalous blood vessel growth. They are the most prevalent benign liver lesions, with a prevalence of 5 to 20% among the general population and women are more likely to have them. Hepatic hemangiomas are typically asymptomatic and are frequently discovered during unrelated imaging procedures. However, larger hemangiomas can cause abdominal pain, bloating, and a feeling of fullness, and can contribute to diagnostic uncertainty and treatment difficulties.

#### **EPIDEMIOLOGY AND RISK FACTORS**

Aynı olmasın The most prevalent benign liver tumors are hepatic hemangiomas, which are characterized by the proliferation of blood vessels within the liver tissue. They occur approximately five times more frequently in women than in males, with a ratio of approximately 3:1. The incidence of hepatic hemangiomas peaks between the ages of 30 and 50 in adults. Nevertheless, they may be present at birth or develop during childhood. Although the precise cause of hepatic hemangiomas is unknown, a number of risk factors have been identified. The increased prevalence of these tumors during pregnancy or in women taking oral contraceptives or hormone replacement therapy suggests that female reproductive hormones, particularly estrogen, play a significant role in their development and proliferation. Furthermore, genetic syndromes such as hereditary hemorrhagic telangiectasia (HHT) are associated with an increased risk of developing hepatic hemangiomas. Other risk factors, such as liver injury or inflammation, have also been implicated; however, their direct relationship with the development of

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of internal hemorrhage. Hemorrhage may necessitate intervention, such as embolization or surgical excision, in order to prevent anemia.

**Compression of Adjacent Structures:** Large hepatic hemangiomas can exert pressure on adjacent structures including the biliary ducts and hepatic veins. This compression may cause obstructive jaundice, obstruction of hepatic venous outflow, or portal hypertension. It may be necessary to intervene to mitigate the compression and associated symptoms.

**Kasabach-Merritt Syndrome:** This uncommon complication is distinguished by the consumption of platelets and the development of coagulopathy within the hepatic hemangioma. It can cause life-threatening thrombocytopenia, bleeding disorders, and other complications. There may be a need for prompt diagnosis and treatment, including surgical intervention.

**Symptomatic Enlargement:** While the majority of hepatic hemangiomas remain stable in size, some may enlarge and manifest symptoms over time. There may be discomfort, abdominal pain, or other symptoms associated with enlargement. Intervention or surgical excision may be contemplated in such situations.

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