

# Giant Liver Hemangioma

## EPIDEMIOLOGY & RISK PROFILE

- **20%** of population affected – most common benign liver tumor<sup>1</sup>
- **30–50** years – peak incidence<sup>2</sup>
- **3–5x** more common in women than men<sup>3</sup>
- **2.5x** risk increase with pregnancy or hormone replacement therapy<sup>3</sup>
- **>4–5 cm** – size at which symptoms often appear

Oral contraceptives and corticosteroids may accelerate growth, though not causative<sup>4</sup>

## CLINICAL PRESENTATION

Symptomatic hemangiomas may cause:

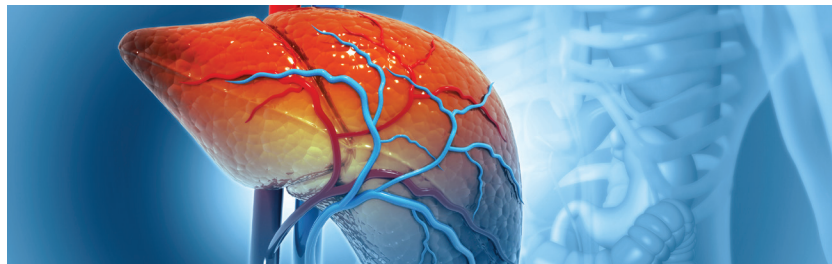
- RUQ pain
- Abdominal distension
- Nausea
- Jaundice
- Peripheral edema

## POTENTIAL COMPLICATIONS

If untreated, giant liver hemangiomas can result in:

- Compression of adjacent organs
- Consumptive coagulopathy (Kasabach-Merritt Syndrome)
- Intra-lesional thrombosis
- Congestive heart failure (high-flow lesions)
- Spontaneous or iatrogenic rupture

Although rupture is rare (1–4%), **the mortality rate from hemorrhagic complications during surgery is 36%<sup>5</sup>**



## TREATMENT OPTIONS:

### Bevacizumab (Anti-VEGF Therapy)

- Mixed results in case reports
- May reduce hemangioma volume in select patients

### Interferon Alfa-2a

- Effectively used in pediatric vascular anomalies
- Limited evidence for adult hepatic hemangiomas

### Radiation Therapy

- Obsolete in most cases due to availability of safer, more effective options

### Surgical Resection

- Historically, 57% of symptomatic or giant hemangiomas underwent surgery<sup>6</sup>
- Symptoms can persist post-resection<sup>5</sup>
- 30-day mortality for benign liver tumor resection approaches 1%<sup>8</sup>

### Radiofrequency Ablation (RFA)

- Can achieve localized tumor shrinkage<sup>9</sup>
- Risks increase with tumor size and include: Hemolysis, hemoglobinuria, jaundice, renal impairment<sup>10,11</sup>

### Percutaneous Sclerotherapy

- Bleomycin + Ethiodized Oil
- Safe, image-guided, outpatient procedure
- Effective in **reducing hemangioma size and relieving symptoms**
- **Pain scores reducing from 8.3 to 1.4**
- **61% achieving complete relief**, 31% partial relief at 12-month follow-up<sup>12</sup>

## CONCLUSION

While most hepatic hemangiomas remain clinically silent, **giant lesions can carry significant morbidity** and warrant intervention when symptomatic or growing. Sclerotherapy is a highly effective alternative to surgery. Our providers are pioneers in this technique, our team welcomes provider inquiries.

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