Congenital Abnormality of the Liver Masquerading as Liver Mass with Cholecystitis

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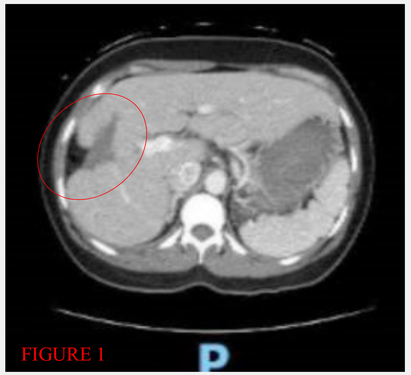
Introduction

- Advances in Computerized Tomography(CT) and Magnetic Resonance Imaging (MRI) have increased incidental detection of hepatic lesions, necessitating detailed assessments to differentiate between benign and malignant masses.
- Although incidental findings are commonly benign, there are some instances in which incidental findings change patient management.

Case Presentation

- HPI: 49-year-old woman presenting with one day of sharp, intermittent epigastric pain that radiates to the right upper quadrant and back.
- PMH: No pertinent PMH.
- Physical exam: Right upper quadrant tenderness. Non-tympanic, soft, and nondistended. Negative Murphy's.
- Vitals/labs: Grossly normal vitals. Pregnancy negative. Labs significant for an elevated lactate of 3.1 mmol/L.
- RUQ Ultrasound: Scattered hepatic calcifications, but significant difficulty identifying gallbladder.
- CT Abd/Pelvis: Hepatomegaly and a 5x2.2 cm hypodense mass with calcifications in the right liver lobe
- MRI: Non-enhancing scarring and fibrosis in the right hepatic lobe, but no focal mass(es)

Results





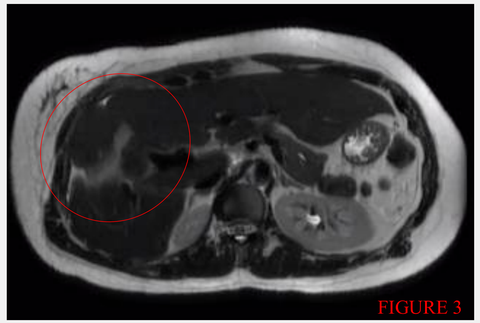


FIGURE 1: CT Abdomen and Pelvis with IV contrast axial view displaying a hypodense process within the right liver measuring approximately 5x2.2 cm containing calcifications

FIGURE 2: RUQ Abdominal Ultrasound with a non-visualized gallbladder

FIGURE 3: Abdominal MRI images axial view displaying non-enhancing scarring and fibrosis in the right hepatic lobe without no focal mass(es)

Care Management

- Patient was admitted and treated for an assumptive diagnosis of acute cholecystitis and planned for laparoscopic cholecystectomy
- MRI revealed non-enhancing scarring/fibrosis in the right hepatic lobe without focal mass.
  - This revealed that the patient's presentation was more likely to be gastritis than cholecystitis
- Laparoscopic cholecystectomy was cancelled, and the patient was started on a liquid diet with IV fluid hydration.
- Patient symptoms gradually improved and was discharged soon after.

Conclusion/Discussion:

- The imaging findings were discussed in a multidisciplinary conference and were assumed to be an incidental congenital finding that was unlikely to be the cause of her presentation.
- The non-enhancing scarring, scattered calcifications, and fibrotic pattern of our patient's hepatic abnormality did not align with the general characteristics of other common hepatic masses.

- Other common hepatic masses include
  - Hepatic hemangiomas, which generally exhibit peripheral nodular enhancement and a centripetal "filling in" pattern
  - Hepatic adenomas often show peripheral enhancement on CT
  - Focal nodular hyperplasia usually presents with a central stellate scar