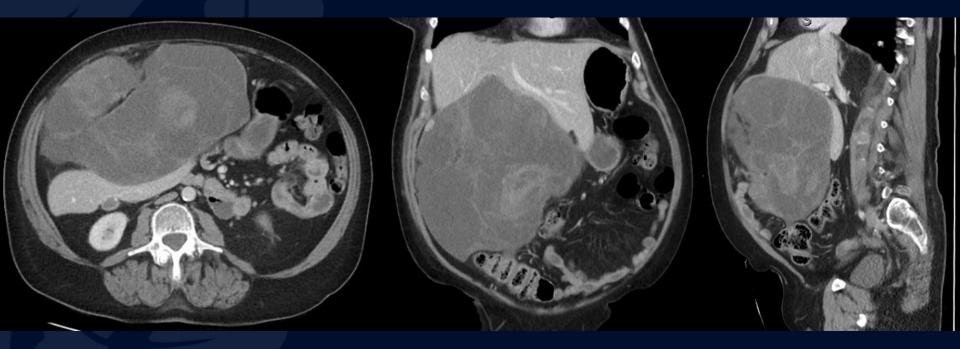
74-year-old female with a 1 month history of RUQ abdominal pain and distension

Victoria Li

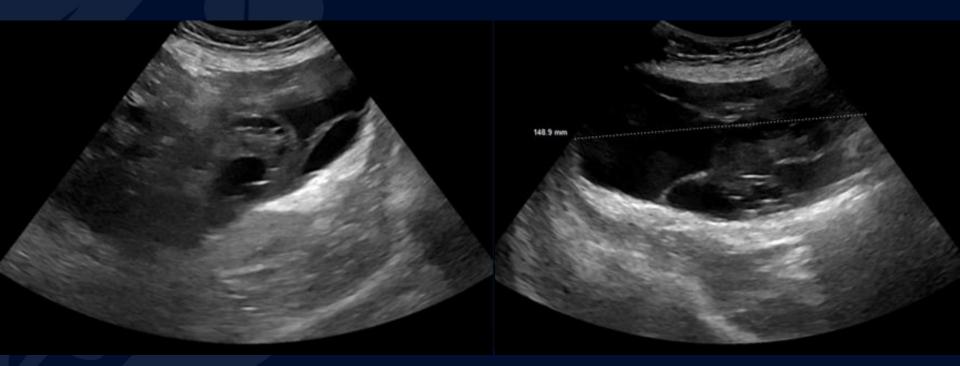


CT IV Contrast





RUQ Ultrasound





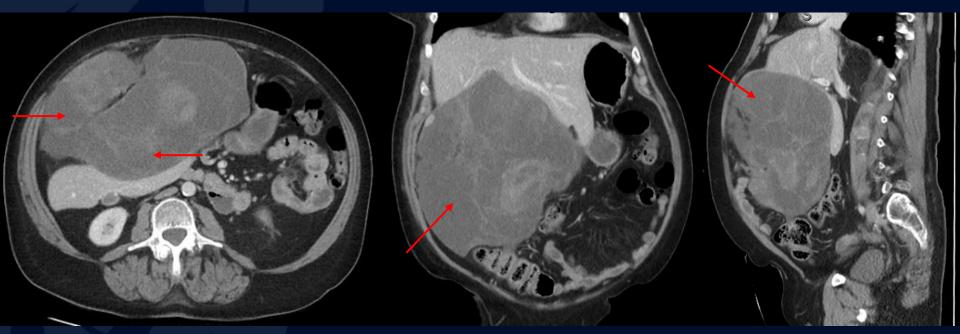




Mesenchymal Hamartoma of the Liver



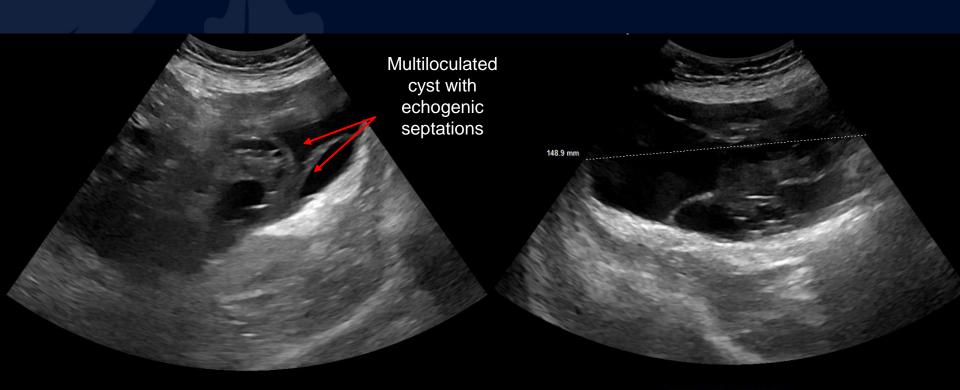
CT IV Contrast



Multiloculated lesions



RUQ Ultrasound



TRANS ML / RT MASS

UCONN HEALTH RADIOLOGY

LONG ML TO RT MASS

Mesenchymal Hamartoma of the Liver

Mesenchymal hamartoma

- Large benign multi-cystic tumor
- Pathophysiology relatively unknown
- Commonly seen in neonates/infants, very rare in adults
- Hypothesized to arise from abnormal mesodermal development in children
- Possibly related to genetic abnormality: karyotyping shows chromosomal rearrangement in 19q13.4
- Clinical presentation
 - Rapidly expanding liver mass with RUQ pain, fatigue, fever
 - Sometimes spontaneously regress, or will require resection



Imaging Features

Radiography

Hepatomegaly or noncalcified RUQ mass displacing bowel

Sonography

- Anechoic cysts, echogenic septations
 - Mobile septations and hyperechoic nodules are suggestive
 - Swiss cheese or sieve appearance: multiple cysts scattered throughout solid tissue
 - Little blood flow on doppler examination
 - Very rarely hypervascular, when so, blood flow is usually peripherally distributed

СТ

- Fluid-attenuating cystic components with enhancing septations
- +/- solid components

MR

- Cystic components: T1 variable, T2 hyperintense, no central enhancement
- Septations/stromal components: T1 and T2 intermediate to low signal intensity, variable enhancement
 - Rarely will mimic a large congenital hemangioma with internal T2 heterogeneity and hypervascular rim with peripheral enhancement



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