

## Letters to the Editor

### **Mucinous hepatic cystic neoplasm: An uncommon cystic lesion in the liver**

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*Key words: Hepatic cystic neoplasm. Mucinous neoplasm. Hepatic cystoadenoma.*

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*Dear Editor,*

Hepatic cystic lesions are a heterogeneous group of diseases with different etiology, clinical manifestations and treatment. Non-invasive mucinous cystic neoplasm, previously referred to as cystoadenoma, is a benign lesion and usually an incidental finding. Due to its propensity for local recurrence as well as its malignant transformation, the treatment of choice should be surgical (1-3).

#### **Case report**

A 78-years-old man with an incidental solitary 9 cm segment-V-cystic hepatic neoplasm, during follow-up of bladder cancer. Hematological investigations including hydatidic serology and tumor markers were unremarkable. With the diagnosis of cystic lesion of the liver, we performed a hepatic resection with no complications and the patient was discharged on the third day. Histological study confirmed a non-invasive mucinous hepatic cystic neoplasm. There is no recurrence 12 months after surgery.

#### **Discussion**

Cystic hepatic neoplasms only constitute 5% of cystic lesions, but its frequency is increasing because of advances in

abdominal imaging. These include the benign cystoadenoma, now referred to as non invasive hepatic mucinous neoplasm, and cystadenocarcinoma, a malignant lesion called invasive hepatic mucinous neoplasm (1).

Cystoadenoma occurs mainly within the liver parenchyma (80-90%), with predominance for the right lobe (55%), although they have also been described in the extrahepatic biliary tree and the gallbladder (4). Regarding to clinical manifestations, many patients are asymptomatic and the lesions are found incidentally. Most commonly, symptoms include pain and sensation of an upper abdominal mass. Unusual presentation includes jaundice, cholangitis, intraperitoneal rupture, intracystic hemorrhage or compression of portal vein, among others (5). Preoperative imaging studies are the key to diagnosis in the evaluation of cystic hepatic mass, which differential diagnosis includes simple cysts, echinococcal cysts, liver abscesses, cystic degeneration of a liver neoplasm and liver metastases (5). Ultrasonography and abdominal CT are the most common imaging studies. On a CT scan, this tumor appears as a multilocular mass with septations, intracystic projections and an irregular wall, and this study is also needed for the evaluation of anatomic relations (6); however, it is difficult to make a definitive diagnosis preoperatively (2,7). Histological examination, usually obtained after resection, is essential for definitive diagnosis because it is the only way to differentiate between benign and malignant lesions.

The management is totally different from that of the other non neoplastic cysts. Treatment of non invasive mucinous hepatic neoplasm must be surgical whenever possible, due to the potential malignant degeneration of these lesions, which has been described in as many as 15% of patients (3). Regarding to the surgical technique, it should be personalized taking into account the placement of the tumor and the patient. Partial excision has worse prognosis for recurrence. If invasive carcinoma was suspected, treatment should consist of a formal liver resection, with 1 cm margins. The results of no surgical treatment are still unknown (5). The prognosis after complete removal of a cystoadenoma is excellent, with prolonged survival (1,2).

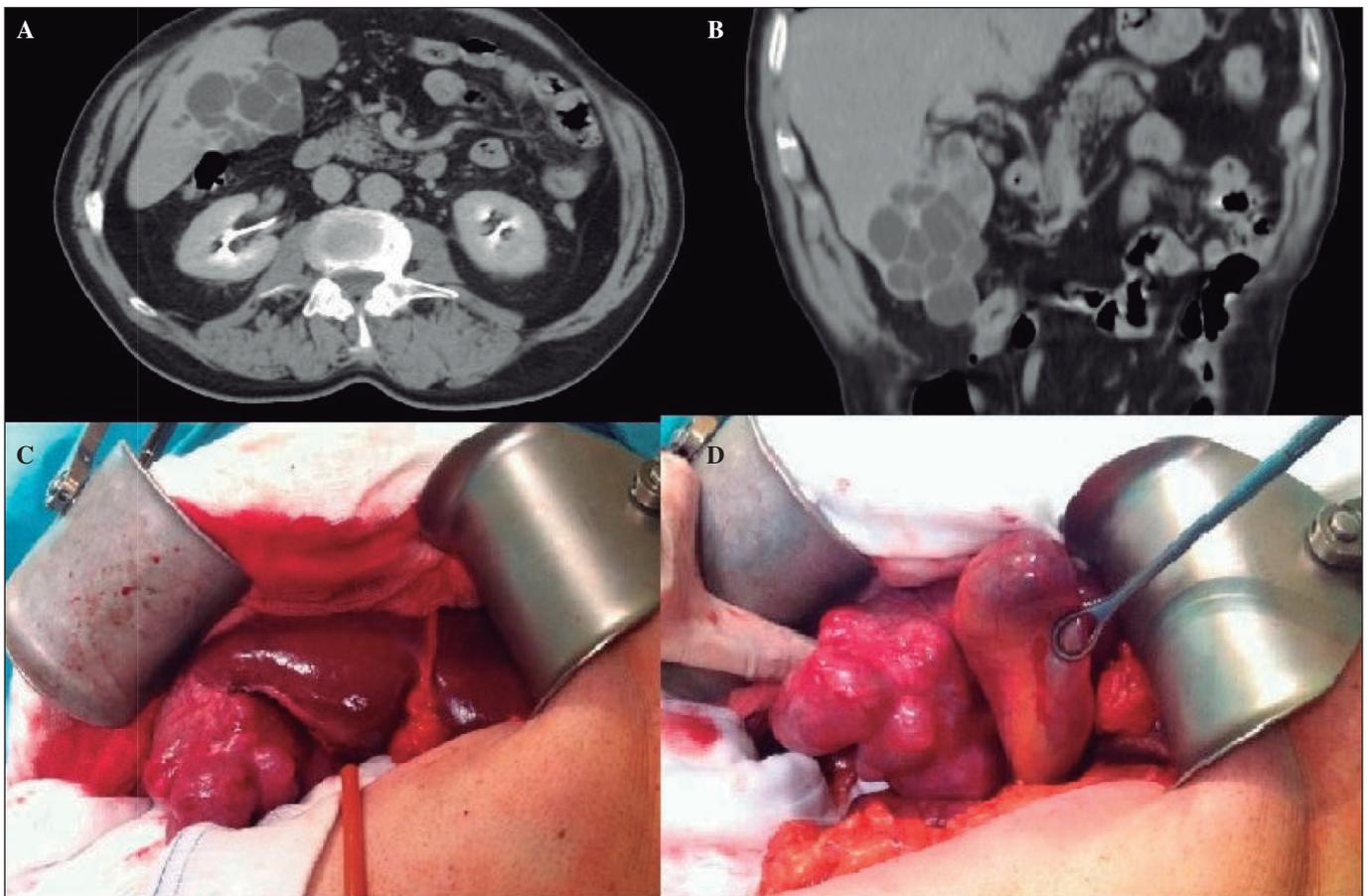


Fig. 1. A and B. Abdominal CT: Segment V-multicystic multilocular lesion with solid nodules. C and D. Images of surgical intervention.

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