

A Case Report of Liver Epithelioid Hemangioendothelioma

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A 49-year-old woman visited the outpatient clinic after a 3.4 cm liver mass was found on abdominal sonography, performed as part of a check-up. Physical examination showed a blood pressure of 122/83 mmHg, pulse rate of 93 bpm, and respiration rate of 18 per minute. The patient's medical history comprised asthma and a benign lung nodule. Laboratory findings showed no aspartate transaminase or alanine transaminase elevation, no hepatitis viral infection, and normal serum tumor markers including AFP and CEA level. Liver fibroscan showed liver stiffness measurement of 3.7 kPa and controlled attenuation parameter of 230 dB/m. Computed tomography (CT) showed multiple low attenuating solid lesions in both liver lobes and some of them are located in the periphery of the liver, combined with capsular retraction. As epithelioid hemangioendothelioma (EHE) or liver metastasis were possible, liver biopsy was performed. The tumor cells assume epithelioid appearances, resembling signet rings with vessel-like intracellular lumen, which may contain red blood cell. In addition, Immunohistochemical staining was positive for CAMTA1 and CD34. Based on these results, we diagnosed EHEs at liver. Because positron emission tomography-CT showed no lymph-node involvement and significantly increased FDG uptake in the abdomen, multiple wedge resection of segment 2-1 (S2-1), S2-2, S2-3, S3, S4-1, and S4-2; right anterior sectionectomy; right posterior sectionectomy; and cholecystectomy were performed. Pathology showed EHE of nine nodules. The follow-up CT scan showed portal vein (PV) thrombosis along right hepatic vein and left PV branch, and the aspirin was prescribed. On outpatient follow-up after 3 months, there were no severe complications, including resolved portal vein thrombosis in left PV and decreased but remaining PV thrombosis in right hepatic vein on the CT. EHE is a mesenchymal tumor categorized as a low-grade malignant vascular neoplasm. The incidence of EHE is approximately 1 in 1,000,000 and it arises most frequently in the liver, followed by the lung and bones. Immunohistochemical staining for CD34 and CAMTA1 is performed to differentiate EHE from similar tumors.

