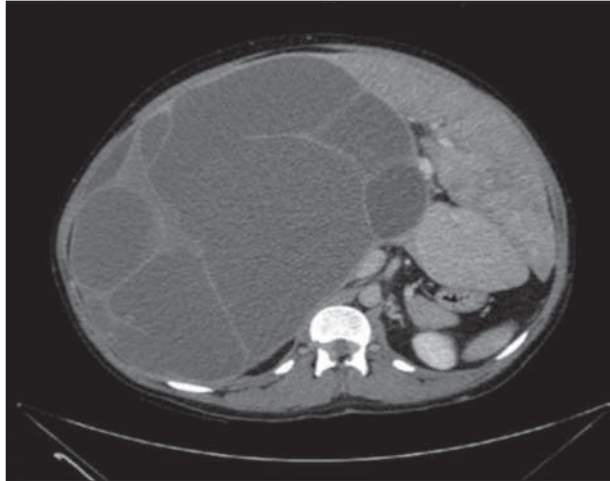


## Image of the Month

Hisham Gad, MD; Shoukat Ahmad Bojal, FRCS; Kam Fung Leung, FRCS; Amr Mostafa, MD; Abdul-Wahed Meshikhes, FRCS

**Author Affiliations:** Hepatobiliary Surgery Section, Department of Surgery, King Fahad Specialist Hospital, Eastern Province, Saudi Arabia.

**A** 27-YEAR-OLD MAN PRESENTED WITH A 2-year history of progressive painless abdominal distention. While at his local hospital following a trivial abdominal trauma during a motorcycle crash, he was noted to have a huge cystic lesion of the liver on ultrasonography and computed tomography (**Figure 1**). Clinically, he was thin, had normal vital signs, and did not have pallor, jaundice, or lymphadenopathy. The abdomen revealed a huge mass causing marked distention in the upper abdomen, mostly in the right upper quadrant with minimal deep tenderness. Results from routine blood tests including liver function test, tumor markers, *Echi-*

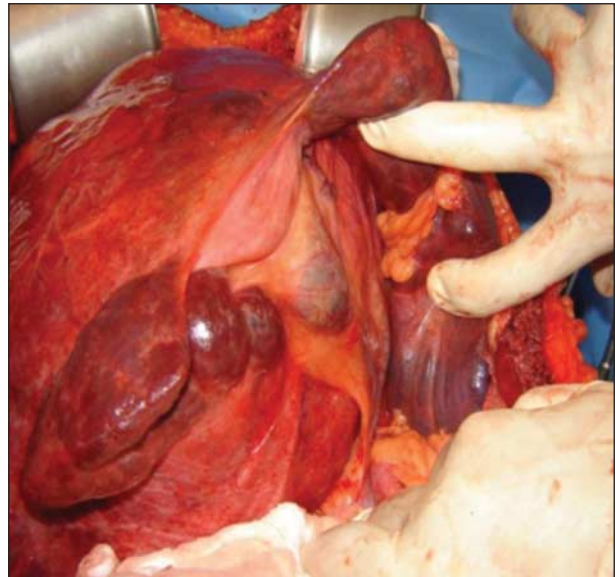


**Figure 1.** Computed tomographic image of the abdomen showing the huge hepatic multiseptated cyst distorting hilar anatomy.

*nococcus* and *Entamoeba* serology, lipase level, and amylase level were all within normal limits. He electively underwent exploratory laparotomy through bilateral subcostal incision with midline extension. The operative findings were hypertrophied caudate lobe, tense and distended liver with stretched porta hepatis, and distorted anatomy (**Figure 2**).

### What Is the Diagnosis?

- A. Hydatid cyst of the liver
- B. Amebic liver cyst
- C. Mucinous cystadenoma of the liver
- D. Cystadenocarcinoma of the liver



**Figure 2.** Operative view of the septated hepatic cyst.