

## Image of the Month

Lucas McCormack, MD; Henrik Petrowsky, MD; Pierre-Alain Clavien, MD, PhD

**A** 60-YEAR-OLD WOMAN PRESENTED WITH A 4-week history of a right gluteal hematoma after a mild trauma associated with asthenia and unspecific upper abdominal symptoms. On physical examination, we observed ecchymoses in the flanks, buttocks, and lower limbs. Although abdominal palpation was normal, an ultrasound revealed a large heterogeneous mass of  $10 \times 7$  cm in the left lateral segment of the liver. A contrast-enhanced computed tomogram showed a peripheral nodular pattern of enhancement with a hypodense center (**Figure 1**). The hematogram revealed anemia (hematocrit value, 19%; hemoglobin level, 9.9 g/dL) and thrombocytopenia (platelet count,  $77 \times 10^3/\mu\text{L}$ ). Coagulation tests showed the following values: fibrinogen, 400

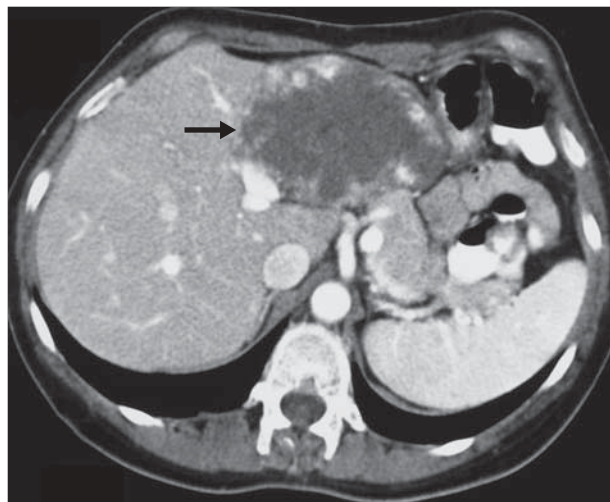
mg/dL (11.8  $\mu\text{mol/L}$ ) (reference range, 150-400 mg/dL [4.4-11.8  $\mu\text{mol/L}$ ]); fibrin degradation products, 1.5  $\mu\text{g/mL}$  (reference range,  $<0.5 \mu\text{g/mL}$ ); and thrombin-antithrombin III complexes, 17.4 ng/mL (reference range,  $<5.0 \text{ ng/mL}$ ). All other biochemical characteristics were within normal limits.

The patient underwent laparotomy, and the mass was successfully removed without the need of intraoperative transfusions (**Figure 2**). The postoperative course was uneventful, and the patient was discharged on the fifth postoperative day.

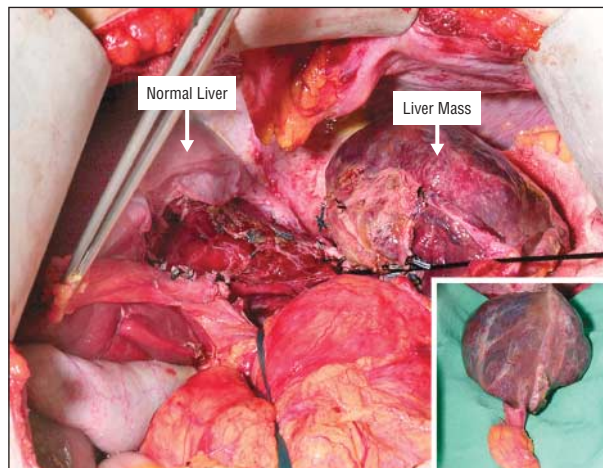
### What Is the Diagnosis?

- Kasabach-Merritt syndrome
- Hemangiosarcoma
- Klippel-Trenaunay syndrome
- Rendu-Osler-Weber syndrome (hereditary hemorrhagic telangiectasia)

**Author Affiliations:** Swiss HPB (Hepato-Pancreato-Biliary) Centre, Department of Visceral and Transplantation Surgery, Zurich, University Hospital, Switzerland.



**Figure 1.** Contrast-enhanced computed tomogram showing a giant heterogeneous mass (arrow) occupying the left segments of the liver.



**Figure 2.** Intraoperative picture showing an enucleated liver lesion from the surrounding normal hepatic parenchyma. Vessels at the transection plane were controlled with silk ligatures and titanium clips. The inset image presents the resected well-capsulated tumor.