

Image of the Month

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A 45-YEAR-OLD WOMAN COMPLAINED OF PERSISTENT pain localized to the right upper abdominal quadrant and radiating to the ipsilateral shoulder. She had no fever. Her medical history was significant for a laparoscopic myomectomy 7 years prior for a uterine leiomyoma. She had no history of long-term medication and did not consume alcohol regularly. On clinical examination, she was anicteric. Her abdomen was soft and nontender, she elicited no rebound or guarding, and her test results were negative for a Murphy sign. Laboratory tests revealed the following: white blood cell count, 9100/ μ L (9.1×10^9 /L); hemoglobin level, 15 g/dL (150 g/L); total bilirubin level, 1.29 mg/dL (22 μ mol/L); aspartate aminotransferase level, 20 U/L (0.33 μ kat/L); alkaline phos-

phatase level, 37 U/L (0.62 μ kat/L); γ -glutamyl transferase level, 120 U/L (2.00 μ kat/L); amylase level, 45 U/L (0.75 μ kat/L); and lipase level, 51 U/L (0.85 μ kat/L). Serologic tests were negative for hepatitis A, and the patient had been vaccinated for hepatitis B virus and hepatitis C virus. She underwent abdominal ultrasonography, which revealed a hepatic mass. In view of this finding, an abdominal computed tomographic (CT) scan and magnetic resonance image (MRI) scan were obtained. The MRI scan revealed evidence of a hypointense mass 6 cm in diameter within segment VII of the liver (**Figure 1**), which seemed vascularized by a prominent right diaphragmatic artery on the CT scan (**Figure 2**).

What Is the Diagnosis?

- A. Adenoma
- B. Diaphragmatic leiomyoma
- C. Hepatocellular carcinoma
- D. Nodular focal hyperplasia

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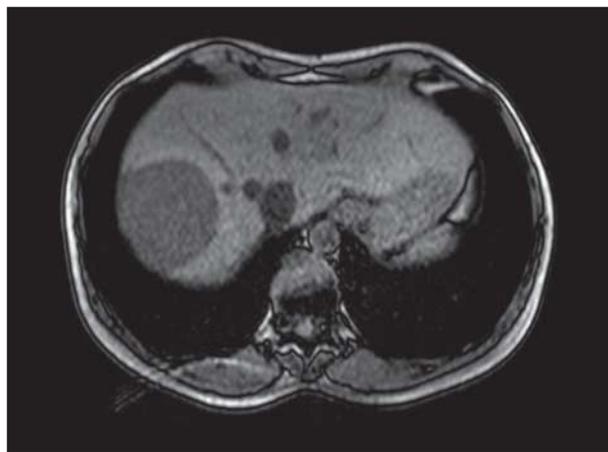


Figure 1. Magnetic resonance image scan of the abdomen shows a hypointense mass 6 cm in diameter within segment VII of the liver.

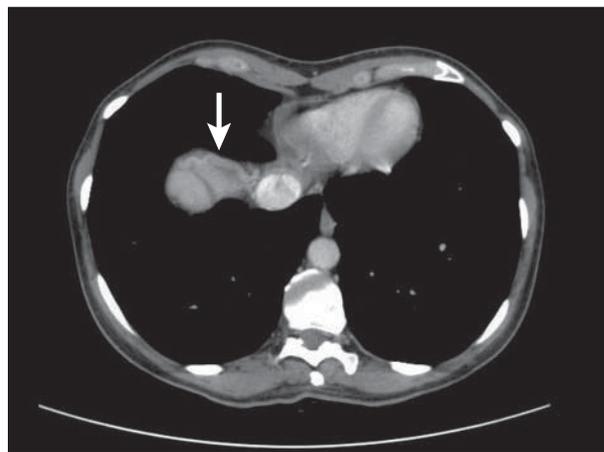


Figure 2. Abdominal computed tomographic scan revealing a prominent diaphragmatic artery vascularizing the tumor (arrow).