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The Role Of Livertransplantation In The Treatment Of Giant Cavernous Hemangioma With Hemangiomatosis : A Report Of Two Cases

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Background : Surgical treatment is known to be the most effective treatment for symptomatic giant cavernous hemangioma (GCH), but surgical strategies may vary depending on the extent and presence of hemangiomatosis. Here in, we present two cases of GCH with hemangiomatosis involving both lobes, that underwent liver resection of the main mass to relieve symptoms, but ultimately required liver transplantation (LT), and described the role of LT in these patients.

Methods : The medical records of two patients of GCH with hemangiomatosis involving both lobes, required liver transplantation even though they underwent previous hepatectomy to reduce symptoms were retrospectively reviewed.

Results : The first case was a 51-year-old female who visited our center due to abdominal discomfort and palpable mass. On CT scan, there was hemangiomatosis on left lateral section along with GCH located on right side liver. A right trisectionectomy was performed to remove the main mass, during which time several hemangiomatosis were suspected on the remnant liver. After 12 years, the hemangiomatosis had progressed to include remnant liver tissue and, as a result, she underwent living donor LT(LDLT) and the graft was still free of hemangiomatosis. The second case was a 43-year-old female who was admitted with abdominal pain. A GCH predominantly located on left side of the liver with associated hemangiomatosis suspected in the right anterior section in the imaging study. We performed left trisectionectomy with caudate lobectomy to remove the main mass. Due to excessive bleeding during operation, some hemangiomatosis located in the margin may remain, but the procedure was terminated. Patient was discharged 45days after the initial operation. After 13years following initial resection, hemangiomatosis progressed and involved the remnant liver, the patient was waiting for LDLT to cure the disease..

Conclusions : In conclusion, in GCH with hemangiomatosis involving both lobes, even if the main mass can be removed by surgical resection, considering the high possibility of progression of the remaining hemangiomatosis, LT should be considered first rather than resection if donor is available

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