Giant mesenchymal hamartoma of the liver described as an ovarian cyst
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Citation
G Ngom, C Moreira, G Woto-Gaye, M Fall, I Fall, M Ndoye. Giant mesenchymal hamartoma of the liver described as an ovarian cyst. The Internet Journal of Gastroenterology. 2007 Volume 7 Number 1.

Abstract
We report a case of a giant mesenchymal hamartoma of the liver on a girl aged eighteen months. The suggested preoperative diagnosis based both on an ultrasonography and a CT scan was a right ovarian cyst. During the surgery a huge cystic mass of the liver was found, measuring 20cm diameter and which was easily extracted. Cytopathology examination of the surgical sample was then performed which revealed a mesenchymal hamartoma of the liver. The patient eventually recovered after four years outcome.

INTRODUCTION
The mesenchymal hamartoma of the liver is a rare primitive tumour [1, 2]. It’s seen essentially during childhood, especially during the first two years of life. Clinically there are no symptoms most of the time, whereas the diagnosis is suggested on a rapid abdominal enlargement or compression signs of neighbouring organs. The aspect on ultrasonography and on CT scan is strongly suggestive [3, 4]. However it might be difficult to diagnose it in front of a giant tumour occupying nearly the whole abdomen. We report an observation of a giant mesenchymal hamartoma of the liver described as an ovarian cyst on ultrasonography and CT scan.

OBSERVATION
A girl aged 18 months was referred to our hospital for a rapid abdominal enlargement lasting for 4 months, without transit disorders or any notion of trauma previous to the symptoms. On examination, there was a huge liquid-like abdominal tumour, extended up to the pelvic area, with a major collateral venous circulation. The rectal digit examination did not feel the tumour. Blood tests were quite normal. Abdominal ultrasonography and CT scan showed a huge liquid density abdomino-pelvic mass with a thin wall and multiple septums, with compression signs (mass effect) on the abdominal viscera, suggesting rather a right ovarian cyst (figure 1).
Figure 2
Figure 2: Per operatory view

A portion of the tumour was deep inside the liver parenchyma. The gall bladder, the ovaries and the other abdominal viscera were quite normal. There was also no ascites. A partial hepatectomy extracting the tumour had been done. The histopathology examination revealed a cystic mesenchymal hamartoma of the liver. The outcome after four years was favourable.

DISCUSSION
In our case, the preoperative diagnosis was difficult because of the size of the tumour. In fact, when an abdominal tumour is huge, it can hide the organ on which it has developed [5]. Thus, neither the ultrasonography nor less the CT scan could even suggest the diagnosis of hepatic tumour. It is the surgical exploration that has permitted to diagnose the hepatic tumour which could have been in our case, taking the age of our patient in consideration, either a vascular hamartoma or a mesenchymal hamartoma of the liver. Finally it is the histopathology examination that has permitted us to diagnose mesenchymal hamartoma of the liver. As far as treatment is concerned, it seems to us that a large resection removing the tumour and a portion of the healthy parenchyma is the best option. In fact, some cases of malignant transformations have been described [7, 8].

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References
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