Hepatic Mesenchymal Harmartoma: an Unusual Presentation in an Adult

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Hepatic Mesenchymal Harmartoma: an Unusual Presentation in an Adult

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INTRODUCTION

- Hepatic mesenchymal harmartoma (HMH) is a rare, benign liver neoplasm(1).
- HMH is predominantly reported in pediatric populations.
- HMH in adults is only described through rare case reports.
- In the English literature, only 16 cases have been reported in adults (> 19 years of age) (2).
- In the present report, we describe an adult HMH with an unusual initial differential diagnosis that did not include a liver tumor.

CASE DESCRIPTION

- A 38-year-old female with a large left upper abdominal mass discovered during a work up for hematuria on a CT urogram and was referred to our office.
- She had complaints of early satiety and some right side abdominal pain.
- There were no palpable abdominal masses or tenderness on exam in this otherwise healthy, young adult female.
- Ct scan revealed a large 10 x 8 x 7.6 cm complex, heterogeneously enhancing mass in the left upper quadrant of the abdomen (figure 1).
  - Mass appeared separate from the spleen and the pancreas.
  - Mass appeared to be abutting the greater curvature of the stomach.
  - At no point in the scan was the mass attached to the liver.
- Diagnosis of probable gastric tumor (GIST) was entertained.
- She underwent laparoscopic surgical resection
  - During surgery, the mass was found to be attached to the left lobe of the liver through a narrow pedicle and was not attached to the stomach.
  - The mass was easily excised off the division of the narrow pedicle.
- All her symptoms had resolved at the follow-up appointment at 2 weeks.
- Final pathology revealed that the mass was a hepatic mesenchymal harmartoma of the liver.
  - Contained multiple cysts filled with clear fluid.
  - Some cysts lined by flattened to cuboidal epithelium and some lined by fibrous tissue.
  - Thin layer of hepatocellular parenchyma present beneath external capsule.
  - Solid areas have abundant stroma, some myxoid and some hyalinized.

DISCUSSION

- Only 1-2% of all pediatric tumors are comprised of liver tumors(3).
- Of these tumors, only 8% are HMH(1).
- Among adult patients with HMH...
  - The majority is female (79%).
  - Females tend to be younger (average age of 42) than males (average age of 51).
  - Males are more likely to have a solid tumor (75%) than females (23%).
  - About half of all patients reported pain at presentation (M= 50%, F= 59%).
  - Females are more likely to have an overall larger sized tumor (12.75 cm) than males (8 cm).

CONCLUSION

- These neoplasms are sometimes presented in an adult population, not just in pediatrics.
- Not all liver neoplasms are malignant.
- These tumors have been reported to turn malignant, hence they should be resected(1).
- Symptomology in adults can differ from pediatrics and should be taken into consideration for diagnosis.
- All symptomatic HMH should be considered for resection.
- Imaging techniques used to give an oncology diagnosis cannot solely determine the final patient pathology.

Table 1. Reported cases of HMH of the liver in adults (2)

<table>
<thead>
<tr>
<th>Case #</th>
<th>Year</th>
<th>Published</th>
<th>Age (years)</th>
<th>Sex</th>
<th>Largest tumor dimension</th>
<th>Gross appearance</th>
<th>Pain at presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1956</td>
<td>66</td>
<td>F</td>
<td>5 cm</td>
<td>C</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1975</td>
<td>38</td>
<td>M</td>
<td>8 cm</td>
<td>S</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1979</td>
<td>19</td>
<td>F</td>
<td>24 cm</td>
<td>C</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1987</td>
<td>32</td>
<td>F</td>
<td>14 cm</td>
<td>F</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>1987</td>
<td>20</td>
<td>F</td>
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<td>S</td>
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<td></td>
</tr>
<tr>
<td>6</td>
<td>1988</td>
<td>30</td>
<td>F</td>
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<td>C</td>
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<tr>
<td>7</td>
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<td>F</td>
<td>30 cm</td>
<td>S</td>
<td>N</td>
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<tr>
<td>8</td>
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<td>69</td>
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<tr>
<td>9</td>
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<td>M</td>
<td>8 cm</td>
<td>S</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>10</td>
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<td>M</td>
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<td>C</td>
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</tr>
<tr>
<td>11</td>
<td>1994</td>
<td>56</td>
<td>F</td>
<td>7.5 cm</td>
<td>C</td>
<td>Y</td>
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<tr>
<td>12</td>
<td>1999</td>
<td>57</td>
<td>F</td>
<td>6 cm</td>
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<td>Y</td>
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<tr>
<td>13</td>
<td>2000</td>
<td>21</td>
<td>F</td>
<td>17 cm</td>
<td>C</td>
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<tr>
<td>14</td>
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<td>48</td>
<td>F</td>
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<tr>
<td>15</td>
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<tr>
<td>16</td>
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<tr>
<td>Present</td>
<td>2016</td>
<td>38</td>
<td>F</td>
<td>10 cm</td>
<td>C</td>
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</tr>
</tbody>
</table>

Notes. F= Female, M= Male; C= Cystic, S= Solid; N= No, Y= Yes

Figure 1. A representative section of CT scan demonstrating a large mass not attached to the liver.

Figure 2. Pathology of tumor (20X/0.70).

References