Management of hepatic adenoma

Aetiology (It occur only in female).

- The association between the oral contraceptive pills & the development of hepatic adenoma is now well established & the risk correlates with the duration of the use and age above 30.
- Other risk factors are the use of anabolic steroids & certain glycogen storage disease.
- It has been shown that hepatic adenoma persist even after stopping oral contraceptive pills use.
- Patient with unresected adenoma who discontinues using oral contraceptive pills & become pregnant is at considerable risk of tumour rapture & haemorrhage. So, female with untreated hepatic adenoma should be advised to avoid pregnancy or to undergo resection before hand.
- All females with an untreated hepatic adenoma should be advised to stop using oral contraceptive for life.

Clinical features

The tumour is commonly asymptomatic & is discovered incident – ally at ultrasound examination or at laparotomy.

Investigations

- Ultrasound shows solid mass in the liver.
- CT scan shows well circumscribed & vascular solid tumour in normal liver. There are no characteristic features that differentiate it from malignant tumour.
- Angiography shows well developed peripheral arterializations of the tumour.
- Liver function test and & alpha fetoprotein are with in normal values.

Complications of hepatic adenoma

1. The center of the tumour may undergo degenerative changes, leading to the rare complication, hepatocellular carcinoma.
2. The center of the tumour also contains an abundant blood supply. Bleeding may occur on rupture f the tumour.

Treatment:

- Any lesion suspected of being hepatic adenoma should be resected if the patient can tolerate general anesthesia because of the risk of spontaneous rupture & bleeding as well as the real but low risk for malignant degeneration.
- Recurrence after resection is uncommon provided that oral contraceptive pills are discontinued and yearly follow up imaging is recommended.
- The preferred approach is formal resection with adequate margins.
- Ablation therapy is reasonable option for elderly patient with significant medical comorbidities & with lesions less than 4 cm in size.
- Bleeding from ruptured hepatic adenoma may be controlled by hepatic arterial embolization or ligation.
- Formal hepatic resection should be deferred in unstable patient with ongoing haemorrhage.

Note

Unlike focal nodular hyperplasia, hepatic adenomas do not contain portal triad, bile ducts or kuppffer cells.

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