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HEPATIC ADENOMATOSIS

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A 46-year-old woman undergoing routine examinations for eight years to monitor iso-attenuating hepatic nodular formations, with regular contours (non-contrast phase), with intense early contrast enhancement (arterial phase), homogenization in the other phases (portal phase) detected on computed tomography (CT) (Fig. 1), compatible with hepatic adenomatosis (HA). She denies experiencing abdominal pain or other symptoms, disclosing only treatment for diabetes mellitus with metformin and arterial hypertension with losartan. She reported continuous use of various contraceptives from 18 to 38 years-old. At 38 years-old, she underwent a tubal ligation and ceased contraceptive use. The patient's diagnosis was confirmed by biopsy and has been followed up annually since then without changes in imaging tests.

HA is characterized by the presence of 10 or more hepatic adenomas and can lead to a range of debilitating or potentially fatal complications, including impairment of liver function, progression to malignancy, rupture of Glisson's capsule, and hepatic hemorrhage. Biopsy is considered the gold-standard. CT holds significant diagnostic value in lesion characterization of HA. Asymptomatic patients with adenomas smaller than five cm are often managed conservatively, involving discontinuation of contraceptive and exogenous hormone use, coupled with regular monitoring. Liver transplantation is reserved for cases were adenomas progress to hepatocellular carcinoma.

Figure 1 |