Letter to the Editor

Does Hepatic Adult Capillary Hemangioma Exist?

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We recently correlated the findings from triphasic spiral computed tomography of “atypical small hepatic hemangiomas” with histology. In our review of the literature, we read with great interest the article “Adult Capillary Hemangioma of the Liver: Report of a Case” by Noda et al.¹ We believe that the diagnosis of adult capillary hemangioma (CH) may not be correct.

These authors wrote that “Hepatic capillary hemangiomas are very rare, their clinical and pathological features are unclear, making a differential diagnosis from HCC or cavernous hemangioma very difficult.” The histologic examination of the lesion showed “the proliferation of blood vessels, which had a very small diameter of 20 μm .” Previously Ishak et al.² discussed the existence of hepatic hemangiomas. They reported that they had never encountered a lesion like the “capillary angioma reported by Edmondson” as a variant of hepatic hemangioma. Hepatic CH is not listed in the World Health Organization Classification of Tumours of the Digestive System.³ Cavernous hemangiomas are described as “typically composed of blood-filled vascular channels of varied size lined by a single layer of flat endothelial cells supported by fibrous tissue”. The distinction on the basis of the size of the lumen of the vessels is not specified among the diagnostic criteria.

Meguro et al.⁴ reported a case of giant hepatic hemangioma, defining this kind of lesion as one that is larger than 4 cm. In this report the histological diameter of the vessels was not discussed.⁴

In 2008 Sheth et al.⁴ expanded The Interdisciplinary International Society for the Study of Vascular Anomalies Classification of vascular malformations and tumors. These authors divided benign vascular anomalies into malformations, neoplasms, reactive proliferations, and ectasias. They specified that “vascular malformations

are congenital abnormalities in vasculogenesis. In contrast, vascular neoplasms are defined as an endothelial proliferation arising from pre-existing vessels which is attributable to vascular growth factors.” Cavernous hemangiomas of all sites are considered malformations. The capillary component is present only in lobular CH that occurs in the skin and oral mucosa, but not in the liver.

The histology of adult CH reported by Noda et al.¹ shows ectasic vascular channels, but it is not convincing for a CH when compared to the classical image of lobular CH. The documentation of only one figure at a high magnification renders it difficult to establish a precise diagnosis.

Small vascular channels may be found also in hepatic cavernous malformations with degenerative changes as fibrosis and thrombosis. These degenerative findings could therefore account for the cases of hemangioma that have a different, distinct appearance at imaging.

References

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