Hepatobiliary Cystadenoma: A Report of one Case

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We report one case of hepatobiliary cystadenoma. A 46-year-old female presented with right upper abdominal pain. 6-years ago local abdominal sono detected 6 cm sized hepatic cyst, but observation, recent Abdominal echo revealed 10 cm sized hepatic cyst, Liver MRI revealed 15×11 cm sized Biliary cyst adenoma with hemorrhagic transformation in superior segment of right hepatic lobe. She received right hemihepatectomy and microscopic findings proved hepatobiliary cystadenoma. Hepatobiliary cystadenoma is a rare benign cystic tumor of the liver and arising from Von Meyenberg complexes, usually present as septated intrahepatic cystic lesions. Hepatobiliary cystadenoma is rarely found in extrahepatic bile ducts. The etiology remains unclear, although several theories have been suggested. Some authors consider this disease a premalignant lesion. It usually occurs in middle-aged women and can undergo malignant change and become lethal. Due to the usual absence of clinical symptoms, the most frequent diagnosis is by chance, as in the excision of a cystic lesion. It is often misdiagnosed as a hepatic abscess, hydatid cyst, metastatic tumor with cystic degeneration, or even simple cyst and should be suspected when a uni- or multilocular cystic lesion with papillary infoldings is detected in the liver by CT or ultrasound. ERCP/MRCP have a role in pre-operative evaluation. Elevated serum and cystic fluid tumor markers CA19-9 are only seen in some patients; cystic fluid cytology does not provide adequate diagnostic aid. Its morphologic features maybe confused with biliary papillomatosis or IPMN of bile duct. Its prognosis is excellent after complete resection.