LIVER LESIONS IN CANCER: WHAT ARE THEY?

The liver presents a gamut of lesions for evaluation and appropriate triage with imaging and in particular MRI playing a significant role in this objective. In patients (without a known malignancy) the vast majority of non-cystic lesions are benign (haemangioma, FNH, adenoma, fat, others) while few are malignant, commonly metastases or HCC. Even though patients with known malignancy are more likely to have a diagnosis of metastases for a liver lesion some studies have shown that small (<1cm) hepatic lesions were equally likely to be benign in patients with or without a cancer diagnosis (2-4) Small, incidental liver lesions were more likely to be malignant in patients with primary cancers of the small bowel, skin, pancreas, liver/biliary tract, or uterus (2,3). While metastases maybe a common consideration in cancer, it is important to recognise varied patterns of liver metastases particularly after chemotherapy which can occasionally mimic other lesions such as hemangioma, cystic degeneration or necrosis can mimic cysts or abscess (5). Post chemotherapy related focal or nodular fat deposition can also lead to variety of pseudolesions and one needs to be well aware of these appearances and distinguish from fat containing hepatic tumors (6,7). Uncommon occurrence of hepatic peliosis and sinusoidal obstruction syndrome also needs to be kept in mind in patients with cancer (8,9). In addition unexpected second malignancy can be an uncommon occurrence such as lymphoma or cholangiocarcinoma and each lesion needs to be evaluated by its own merit. Finally in patients with cancer and suppressed immune mechanisms an infective etiology manifesting as an abscess must also be kept in mind.

References


