

Case Report

Hepatic Hemangioma in a Developing Community

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Abstract

The liver may oddly exhibit the hemangioma. In this context, case reports of it have come from countries as far apart as USA, China, Taiwan, Trinidad and Tobago, Japan and Lebanon. Therefore, this paper comes from an indigenous ethnic group called the Igbos who are domiciled in a developing community in South Eastern Nigeria. The present paper is based on the preclinical suspicion of the common cirrhosis, seeing that it turned out to concern the rare hemangioma.

One the types of insurance fraud is self-mutilation. In this study, a self-mutilation case for insurance claims shall be analyzed and suggestions shall be submitted.

Studies of insurance fraud have typically focused upon identifying characteristics of fraudulent claims, and this focus is apparent in the current wave of forensic insurance and data-mining technologies for insurance fraud detection. The results of the study suggest that an occupational focus on the practices of insurance fraud investigations complement and enhance forensic insurance and data-mining. This study also reveals that, in insurance fraud cases, collaboration with forensic insurance experts is very important and effective.

Keywords: Case report; Community; Developing Hemangioma; Liver

Introduction

Case reports indicate that the liver may exhibit the characteristic hemangioma. Such reports have come from countries as far apart as USA [1], China [2], Taiwan [3], Trinidad & Tobago [4], Japan [5], and Lebanon [6]. Now, it has been hypothesized that the establishment of a histopathology data pool facilitates epidemiological analysis [7]. Therefore, such a pool was established at Enugu, the erstwhile capital city of the Government of the Eastern Region of Nigeria to serve the Ibo ethnic group [8]. The present paper has been based on the preclinical suspicion of the common cirrhosis. However, it turned out to concern the rare hemangioma.

Case Report

In OU, a 70-years-old female of the Ibo ethnic group, attended the St. Joseph's Hospital, Adazi, Nigeria. There, she was seen by one of us (RCOE). The complaints were abdominal pain after food, internal heat, loss of appetite, and constipation of 3 years' duration. Investigations led to liver biopsy on the suspicious of cirrhosis.

The specimen received by the co-author (WIBO) was a 4 × 3 × 2.5 cm wedge of tissue. On section, pale yellow normal looking liver tissue was noted peripherally. More deeply, the tissue was deeply brown and hemorrhagic with occasional whitish streaks.

Microscopy revealed largely normal liver which exhibited a cavernous lesion. For the most part, the tumor was classical with erythrocyte filled vascular spaces. Mitotic activity was absent. Therefore, cavernous hemangioma was diagnosed.

Discussion

According to USA authors [1], hemangiomas "are the most common benign tumors found in the liver and are typically asymptomatic, and incidentally discovered." However, in that case, bleeding occurred. So did the Tinidad and Tobago case [4]. Our patient did not bleed.

Odd lesions may be spotted. From USA [9], the sclerosing hemangioma was seen to be different from primary or metastatic cancer based on imaging characteristics.

The "huge" hemangioma type required transcatheter arterial embolization before resection by trisectorectomy [5]. From China [2], this type was reported in connection with the adult Kasabach-

Merritt syndrome which is characterized by abnormalities in hematological and coagulative systems.

Exceptionally, in Lebanon [6], the lesion may be diffuse in the liver with a tell-tale single cutaneous hemangioma. In such a case, screening ultrasound was recommended in involved patients who are usually infants.

In contrast to our patient, whose lesion was cavernous, the Taiwan case exhibited the capillary form; it was characterized as “very rare” in adults [3].

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