

Mesenchymal Hamartoma of Liver Mimicking Hepatoblastoma.

A CASE REPORT.

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INTRODUCTION

Mesenchymal Hamartoma is a benign pediatric liver tumor of uncertain cell origin, commonly associated with C19MC, Beckwith-Wiedemann syndrome and DICER1 alterations, and is thought to arise from developmental abnormalities.

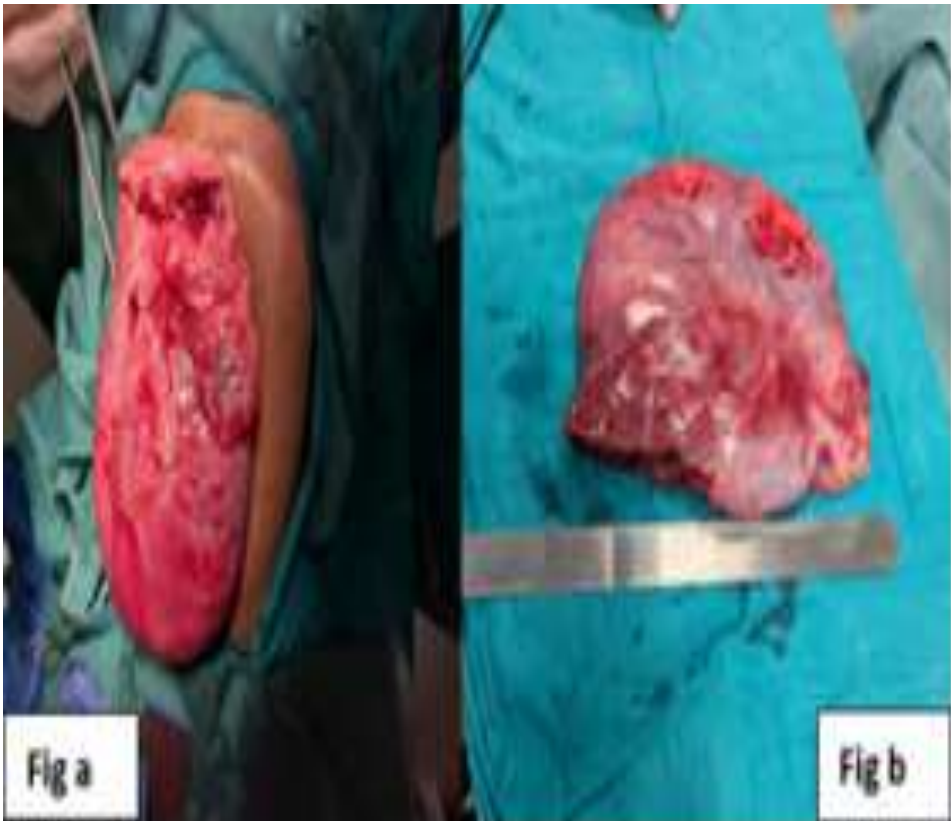
It predominantly affects the right hepatic lobe and typically presents as a multicystic or solid mass, ranging from incidental findings to abdominal distension and respiratory distress.

CASE PRESENTATION

A 13-month-old boy with hepatitis C presented with 3-month abdominal distension, hepatomegaly, and markedly raised AFP (807.9 ng/mL); CT revealed a large heterogeneous right-lobe hepatic mass suggestive of hepatoblastoma.

Non-anatomical resection of segments V and VI was performed; intraoperatively, a large solid-cystic exophytic tumor with 600 mL ascites was found, with no other hepatic lesions.

IMAGING



GROSS

The liver capsule was intact. Serial sectioning revealed a well-delineated solid-cystic tumor measuring 145 × 120 × 85 mm, with areas of hemorrhage and cystic degeneration. The tumor was 1 mm from the capsule and 10 mm from the nearest parenchymal resection margin.

HISTOPATHOLOGY

Sections showed lobules of loose myxoid connective tissue with angulated bile ducts of variable luminal diameter. No cirrhosis was identified in the background liver.

CONCLUSION

The masquerading of mesenchymal hamartomas as hepatoblastomas and hydatid cysts is a documented, albeit rare clinical presentation, with dire clinical consequences if not resolved. Histopathology remains the gold standard in distinguishing them. It is imperative to clinically consider all possibilities before deciding radical treatments.

REFERENCES

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DISCUSSION

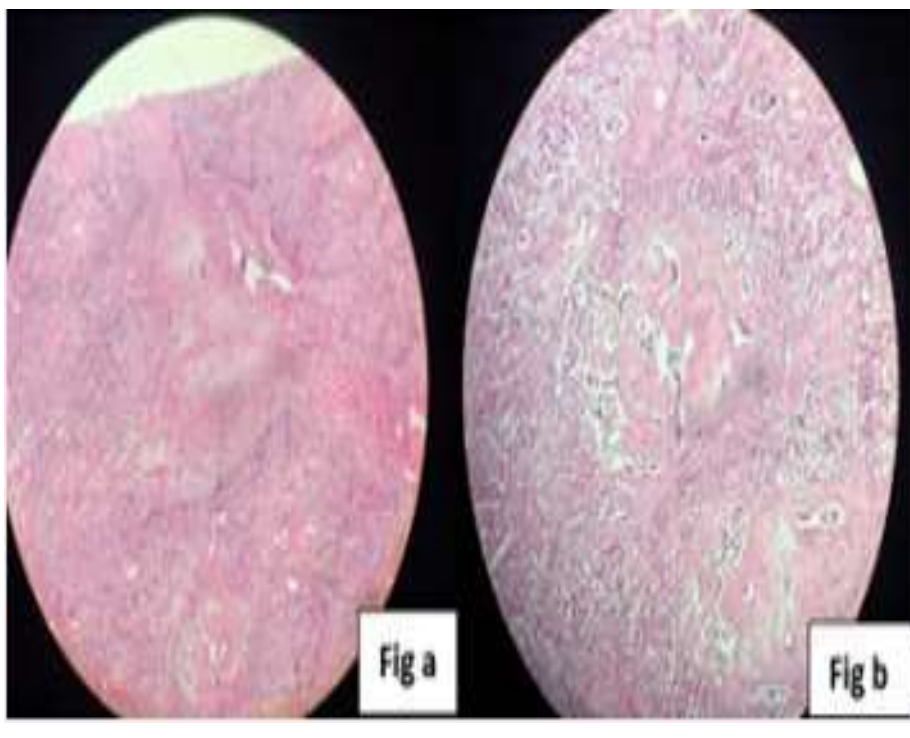
Mesenchymal hamartoma accounts for approximately 12% of hepatic tumors in children <2 years, fitting our 13-month-old patient.

Although mild AFP elevation may occur, the markedly elevated AFP of 807.9 ng/mL in our case was unusual and mimicked hepatoblastoma.

Radiological features may also mimic hydatid cyst, particularly in endemic regions such as Pakistan.

Histopathology confirmed mesenchymal hamartoma, while AFP declined to 35 ng/mL postoperatively.

This case highlights that marked AFP elevation can occur in mesenchymal hamartoma, emphasizing the importance of histopathological confirmation for accurate diagnosis and management.



Intraoperative, Gross and Microscopic pictures