BENIGN TUMOURS OF THE LIVER

Non-cancerous, or benign, liver tumours are common. They do not spread to other areas of the body, and do not present a serious health risk. Since they show no significant symptoms, benign liver tumours often go unnoticed.

The three most common types of benign liver tumours are hemangioma, focal nodular hyperplasia and hepatocellular adenoma. Benign tumours are not life-threatening, but may result in complications if they press on vital body organs, such as the liver.

Hemangioma
Hemangioma occurs when a mass of blood vessels is detected in the liver. Depending on its mass and proximity to the other organs, it is usually harmless and does not require medical intervention.

Also known as hepatic hemangioma or cavernous hemangioma, what causes a hemangioma remains unknown. Doctors, however, believe it is congenital. A liver hemangioma is asymptomatic in most cases. But when it presents signs, they may include:
- Pain in the upper right abdomen
- Feeling full after consuming just a small amount of food
- Nausea
- Vomiting

However, these symptoms are not always exclusively attributed to a liver hemangioma. Although a liver hemangioma can occur at any age, it is most commonly detected in people aged between 30 and 50, with women being more prone to it. Women who have given birth are more likely to have a hemangioma. This could be due to increased levels of oestrogen during pregnancy. Notably, it has not been proven that an untreated liver hemangioma can lead to liver cancer.

Focal nodular hyperplasia (FNH)
The second most common benign liver tumour after hemangiomas, this tends to occur in women between 20 and 30 years old. As with the other non-malignant liver tumours, they are generally discovered during imaging tests for other conditions. These tumours typically do not show symptoms or require treatment. But in rather exceptional instances, where they are large, doctors may recommend they be surgically removed to avoid the risk of rupture.

Hepatocellular adenoma
Among benign liver tumours, hepatocellular adenoma turns up most often in women of childbearing age. It is associated with oral contraceptives, where higher doses of oestrogen is present.

Since hepatocellular adenoma is generally asymptomatic, most go undiscovered. In rare cases, it ruptures and bleeds into the abdominal cavity. If a large adenoma is then detected, surgery may be recommended. As hepatocellular adenoma may become enlarged in women who are on hormone pills, doctors often suggest discontinuing birth control pills or postmenopausal hormone replacement therapy for patients who present with this tumour.