OBJECTIVE

Biliary hamartomas (von Meyenburg complexes) of the liver are benign lesions. They were first reported by Moschowitz in 1906, but it was Von Meyenburg who defined them as hamartomatous lesions of bile ducts in 1918. They are rare with a prevalence estimated to be 0.7%. Generally, biliary hamartomas are not causing symptoms and are discovered fortuitously during the realization of imaging evaluations for other pathologies or during abdominal surgery. However, these lesions may mimic metastatic hepatic disease. MRI may help to differentiate them from metastasis, however, correct diagnosis is only based on biopsies and histopathological analysis.

CONCLUSION

Biliary hamartoma is a rare pathology, most of the time discovered accidentally. Its presence requires the realization of liver biopsy in order to confirm the diagnosis, but especially in order to exclude a cancerous pathology and in particular the presence of multiple liver metastasis. Despite its benign character, one must bear in mind the potential risk of development of a hepatic cholangiocarcinoma. Currently, there is no recommendation for follow-up of this pathology.

METHODS

We report the case of a 73-year-old patient (with cardiopathy, hypertension, diabetes and polyvascular involvement), hospitalized in our department for the management of an obliterating arteriopathy of the lower limbs stage IV, with realization of an aorto-bi-femoral bypass surgery by median laparotomy. During the preoperative assessment, an angioscanner is performed on the patient and it fortuitously reveals multiple micronodular millimetric calcifications in the liver, without dilations of the intra- and extrahepatic bile ducts (Fig 1).

RESULTS

The histological analysis of the piece shows the presence of Von Meyenburg complexes. The postoperative evolution afterwards is progressively favorable, allowing a return home at D11. The dosage of tumor markers shows a very slight increase in CEA and CA 19.9 with normal alpha-fetoproteins. In peroperative, the liver presents a myriad of yellowish nodules, some of them are calcified, giving a very heterogeneous and infiltrated aspect of the liver (Fig 2). A biopsy of these lesions for pathological analysis is performed (Fig 3).

LITERATURE

1) Von Meyenburg H. Beitr Pathol Anat 1918;64:447