

LETTER TO THE EDITOR

Management of liver angiomyolipoma

To the Editor:

We read with interest the article by Sal et al. in which they described their experience with 8 patients diagnosed with liver angiomyolipoma (LA) within an 18-year period.¹ In their conclusion they stated that “surgical resection remains the sole treatment option in LA”. We commend the authors for their significant clinical work, but advise caution regarding their statement as it does not appear to be supported by their data or by the existing literature.^{2,3} Indeed, among their 8-cases, one patient with a biopsy-proven LA who refused surgery did not show tumor progression in a 8-year follow-up, whereas another patient died due to surgery, constituting an operative mortality of 16%.

LA is a rare benign mesenchymal liver tumor that is seldom symptomatic and presents a low risk of complications, and whose definite diagnosis can nowadays be confirmed by magnetic resonance imaging and biopsy. Although local invasiveness has been described, recent reviews confirmed that indolent, central, biopsy proven LAs should be submitted to surveillance.^{2,3} Cases of spontaneous rupture and intraperitoneal bleeding have been reported in peripheral LAs.⁴ Therefore, minimally invasive resection may be considered for subcapsular LAs due to the potential of spontaneous rupture. Incidental tumors developed on non-cirrhotic livers and without any elevation of tumor markers should be biopsied before surgical resection to avoid unnecessary procedures. Nevertheless, the

natural history of LA and the safety of conservative management should be further confirmed by multicentric study grouping the experience of large liver centers.

Conflicts of interest

None declared.

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References

1. Şal O, Göksoy B, Al Hajeh A, Ercan LD, Büyük M, Serin KR. (2024) Surgical management of liver angiomyolipoma: eighteen years of experience from a single-reference center. *HPB* 26:156–159.
2. Calame P, Tyrode G, Weil Verhoeven D, Félix S, Klompenhouwer AJ, Di Martino V et al. (2021) Clinical characteristics and outcomes of patients with hepatic angiomyolipoma: a literature review. *World J Gastroenterol* 27:2299–2311.
3. Klompenhouwer AJ, Verver D, Janki S, Bramer WM, Doukas M, Dwarkasing RS et al. (2017) Management of hepatic angiomyolipoma: a systematic review. *Liver Int* 37:1272–1280.
4. Wu C, Yang Y, Tian F, Xu Y, Qu Q. (2023) A rare case of giant hepatic angiomyolipoma with subcapsular rupture. *Front Surg* 10, 1164613.