

LETTER TO THE EDITOR

Does follow-up offer the best quality of life for patients affected by so-called 'giant' haemangiomas of the liver?

Dear Editor,

We read the manuscript of Qiu *et al.*¹ with great interest. This substantial study concerning only haemangiomas is impressive, particularly in terms of the operated cases. However, the indications for surgical management of haemangiomas are still debated. The authors described symptoms of shoulder and back pain, but we doubt that these symptoms have been previously reported, and the authors do not reference this in their manuscript. Abdominal distension would require a very large haemangioma exceeding the size of the liver. Such haemangioma can cause dyspnoea, but this represents a rare symptom.²

These data indicate that many patients had a lesion located in one segment, indicating that the tumour size did not exceed 5 cm in size. The minimum time to perform the enucleation was 30 min, but this would require a small (5 cm in diameter) or pedunculated lesion neither of which is likely to cause symptoms. This is confirmed by the weight of the tumours, which was 45 g in the minimal cases. The authors do not clarify the symptoms of all the patients in relation to the size and location of their tumours. As a result, the authors may be delivering the wrong message that enucleation is safer, and surgery is required for small hepatic haemangiomas.

Finally, the 33 instances of biliary leak are difficult to understand for a technique that usually follows a dissection plane resulting from compression of the liver parenchyma during growth of the haemangioma. This plane is avascular, and no biliary ducts are present. In the manuscript, no explanation is provided for this complication by the authors.

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2. Toro A, Mahfouz AE, Ardiri A, Malaguarnera M, Malaguarnera G, Loria F *et al.* (2014) What is changing in indications and treatment of hepatic hemangiomas. A review. *Ann Hepatol* 13:327–339.