A 4 month old infant presented with abdominal distention. His other symptoms included bleeding from the nose and mouth. Contrast enhanced CT scan was performed which revealed numerous vascularized hepatic lesions with peripheral enhancement in arterial phase (Fig. 1a) along with gradual filling in portal venous and delayed phase (Fig. 1b & c and Fig. 2, 3). In addition, change in caliber of the abdominal aorta was noted below the celiac axis level (Fig. 2); which is another characteristic finding in IHH. This is due to preferentially increased blood flow to the liver via celiac axis.

IHH is a subclass of infantile hemangiomas which constitute most common self-limiting benign tumours of infancy\(^1\). IHH is the most common hepatic vascular tumour in the first 6 months of life with a predilection for females (3:1)\(^2\). It has 3 patterns focal, multifocal or diffuse\(^3\). Despite the benign nature of IHHs, multiple and diffuse lesions can present with life-threatening complications including severe hypothyroidism and cardiac failure, requiring prompt medical intervention. Therefore, a proper diagnosis is of pivotal importance. In case of diffuse involvement, a confident diagnosis can be made based on radiological features alone as in the case presented here. The characteristic radiographic appearance of lesions on contrast enhanced CT includes well defined margins, hyper acute (i.e arterial) peripheral nodular/ corrugated enhancement with progressive centripetal filling in portal venous phase without any vascular invasion or lymphadenopathy and sometimes associated with abrupt narrowing of aortic caliber below celiac axis\(^4\).
References