EDITOR'S QUIZ: GI SNAPSHOT

An unusual cause for the incidental finding of multiple liver lesions

Robin Spiller, *Editor*

Clinical presentation

A 34 year old woman presented at outpatients with a four month history of dull left iliac fossa pain associated with a vague mass. There was no past medical or family history of note and all blood tests, including liver function tests and tumour markers, were normal. Ultrasound revealed a sub-cutaneous lipoma in the region of the abdominal mass but, in addition, multiple hyperechoic lesions in the liver. Urgent computed tomography and magnetic resonance imaging scans of the abdomen were performed to characterise these multiple liver lesions (figs 1, 2).

Questions

What is the most likely diagnosis for the liver and kidney lesions? What genetic test would you request?

See page 1029 for answer

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doi: 10.1136/gut.2005.072496

Figure 1 Computed tomography (CT) with contrast shows low attenuation lesions in the liver and a mass within the left kidney, with some low attenuation within it (fat is dark on CT).

Figure 2 The two magnetic resonance imaging sequences are of the same slices of the liver (marked by the arrow 1) and kidney (marked by the arrow 2) lesions with (A) T1 weighted (T1W) image without fat suppression and (B) T2 weighted image without fat suppression. The lesions contain both fatty and non-fatty elements, as indicated by the high signal intensity of the lesions in the T1W without fat suppression which indicates fat (A), and the high signal intensity on the T2W without fat suppression (B) indicates abundant free water—that is, non-fatty elements.