

## Policy for the Ultrasound Management of Incidentally Detected Liver Haemangiomas

- Cavernous liver haemangiomas are common (present in 4%) of the population.
- They are a common incidental finding on abdominal ultrasound examination.
- In patients at low risk of hepatic malignancy, where ultrasound appearances are typical and lesions are less than 3cm, the risk of mistaking a hepatic malignancy for a haemangioma is extremely remote.
- This policy aims to standardise the ultrasound management of such lesions.

**Incidental liver lesion typical of haemangioma.**  
Characteristic features include all of the following:

- Well-defined.
- Uniformly echogenic with no echo poor halo.
- Homogenous.
- No discernable internal blood flow.

**>3cm in diameter  
and/or**

**Risk Factors for hepatic malignancy.**

- Previous or current extra-hepatic malignancy.
- Clinically known or suspected chronic liver disease.
- Abnormal liver function tests
- Abnormal liver echogenicity or morphology at ultrasound
- Lesion not seen at previous imaging

**Consultant review of imaging\*. Further imaging according to local policies (CEUS/MRI/CT)**

**\*Where ultrasound has been performed in the primary care setting, suggest referral to imaging in secondary care. Additional imaging to be determined by vetting radiologist.**

**No risk factors for hepatic malignancy AND solitary lesion, 3cm or less in diameter.**

**Report as haemangioma. No follow-up advocated.**

**Report should read; 'ultrasound findings are consistent with a haemangioma and require no further evaluation, provided that the patient has no prior or current evidence of malignancy or chronic liver disease.'**

**Short code on CRIS  
Press 'Alt' and 'p' then type  
haem**

### **References.**

Wilson and Withers. The liver. In Rumack CR, Wilson S, Charboneau J and Levine D. Diagnostic Ultrasound. 4<sup>th</sup> ed. St Louis: Mosby 2011.

Leifer D, Middleton W, Teefey S, Menias C, Leahy J. Follow-up of Patients at Low Risk for Hepatic Malignancy with a Characteristic Haemangioma at US. Radiology 2000;214:167-172.

EASL Clinical Practice Guidelines on the management of benign liver tumours. Journal of Hepatology, 2016. 65, Issue 2, 386 - 39

**Agreed by the Diagnostic Regional Ultrasound Group**

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