

# Letters and Comments

## Hepatobiliary cystadenomas

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### CORRESPONDENCE TO

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### COMMENT ON

Williamson JM, Rees JR, Pope I, Strickland A

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We read with great interest the article by Williamson *et al* regarding their experience with hepatobiliary cystadenomas. We have noted that two of their three patients were under the age of 40 years. Although the definition of middle age is quite variable, most agree it matches the 40–60 age group. In our case report, the patient was a 16-year-old female<sup>1</sup> and we would therefore like the authors' opinion on whether this demographic description should be extended downwards. In addition, suspicious cystic lesions are typically associated with mural nodules, a finding that also characterises the premalignant mucinous cystadenoma of the pancreas.<sup>2</sup> The magnetic resonance imaging in our patient did reveal a mural nodule and we wondered whether this radiological finding was sought in the patients of Williamson *et al* and whether this feature would increase the urgency of resection.

Finally, frozen section was employed in our case, which not only confirmed the radiological finding of a biliary cystadenoma but ensured the resection margin was microscopically clear. Our opinion is that irrespective of whether malignant transformation has occurred, intraoperative assessment is critical to ensure that the margins are clear of tumour. We therefore recommend routine intraoperative ultrasonography, as suggested by others.<sup>3</sup>

## References

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## AUTHORS' RESPONSE

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We thank Maharaj *et al* for their comments regarding our short series on hepatobiliary cystadenomas. With regard to patient demographics, most of the cases reported in the literature suggest a middle aged predominance<sup>1</sup> but both the age of our youngest patient (25 years) and that in the report by Ravi *et al* (16 years)<sup>2</sup> fall outside this definition. These lesions are rare and the majority (80–90%) are detected within this age bracket but given that hormonal activity is implicated in their development, a diagnosis of cystadenoma should be considered in any postmenarcheal woman with a hepatic cyst.

Accurate radiological assessment is vital to ensure the correct operative management is achieved; a hepatopancreatobiliary multidisciplinary opinion should be requested for any atypical hepatic lesions. Suggestive radiological findings for cystadenomas include mural thickening, internal septation in the cysts and the presence of mucin or blood in the cyst; each of our cases had one of these characteristic findings.<sup>3</sup> It is our opinion that if one of these features is present or if any other concerning features are noted (for example, the presence of a solid component) in a hepatic cyst, then patients should undergo either urgent further investigation (which may include tissue biopsy) in cases of diagnostic uncertainty or formal resection of a potentially neoplastic lesion.

We agree with Maharaj *et al* that intraoperative assessment of these lesions should be undertaken, and both frozen section and ultrasonography can facilitate this. Our unit routinely employs ultrasonography for hepatopancreatobiliary lesions to confirm preoperative radiological findings and to ensure adequate resection margins. The ultrasonography findings changed our management from a formal hepatic resection to a local excision in our second case as they did not reveal any concerning features. We would advocate a formal excision if there are any concerns regarding the true nature of the lesion as intraoperative biopsy (and frozen section) may disseminate cystic contents.

## References

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