

**INFLAMMATORY PSEUDOTUMOURS IN THE LIVER: INDICATION FOR RADICAL RESECTION?**

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**Aim:** Inflammatory Pseudotumours (IPT) are benign neoplasms of unknown aetiology and may involve the liver and bile ducts. Diagnosis can be challenging due to non-specific clinical and radiological features. Treatment is also controversial ranging from radical surgery to chemotherapy. We aimed to review our experience to provide guidance.

**Methods:** Retrospective review of children diagnosed with IPT. Data analysed included; demographics, diagnostic work up, treatment and outcome. Data were expressed as median(range).

**Main Results:** Four children (2 male) were identified with rapid onset of conjugated jaundice (n= 3) at a median age of 3.7 (0.4 -9) years. Tumour markers were normal in all. US and CT scan confirmed a mass at the porta hepatis involving right and left duct bile ducts (n= 3) and one arising from distal common bile duct within head of pancreas (n=1).

Guided percutaneous biopsy (n=2) and ERCP cytology brushings (n = 2) were inconclusive. ERCP and insertion of a biliary stent decompressed the biliary tract (n = 2). Laparotomy and open biopsy confirmed the diagnosis in 3, the other pancreatic tumour was resected *ab initio*. Portal vein thrombosis was recognised in 2. High-dose prednisolone and intravenous antibiotics preceded elective resection in 3 and was the only treatment in one. In the latter complete regression of the tumour then occurred and no further treatment was offered. One child required an extended left hepatectomy and the other radical resection of central 2<sup>nd</sup> order bile ducts exposing dilated obstructed ducts. Both used a Roux loop reconstruction with customised central anastomosis. Despite residual IPT tissue at the level of the reconstruction all are now disease-free at median follow-up of 7.5 (2-10) years.

**Conclusion:**

- The diagnosis of Liver IPT is difficult and requires early open biopsy.
- Surgical excision is the foremost mode of treatment with adjuvant steroids/antibiotics to abrogate progression.