

## The Focal Hepatic Hot Spot Sign

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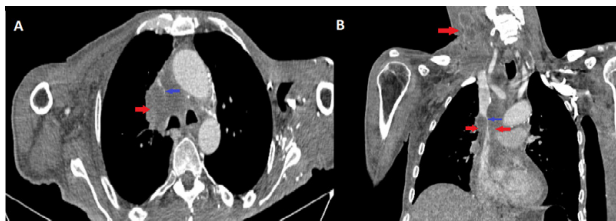
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**Keywords:** Focal; Hepatic Hot spot sign

The focal hepatic hot spot sign is due to a Porto systemic venous shunt between the SVC and the portal vein. it is created by areas of focal increased blood flow that result from this shunt. This sign is found mainly in Budd-Chiari syndrome, the causes of which are multiple, notably thorax neoplasms.

### Clinical image

A 65-year-old man followed for a left pulmonary adenocarcinoma with lymph node metastasis treated by chemotherapy, the control scanner showed an increase in mediastina lymphadenopathy compressing the mediastina vascular structures, in particular the superior vena cava Figure 1, and the abdomen-CT showing an area of intense, homogeneous wedge-shaped enhancement in the square lobe of the liver Figure 2 [1-3].



**Figure 1:** Axial (A) and coronal (B) contrast enhanced CT of the chest showing a mediastinal lymphadenopathy (the red arrows) compression the vascular structures in particular the Superior vena cava which is laminated.



**Figure 2:** Axial (A) and coronal (B) contrast enhanced CT of the abdomen showing an intense wedge-shaped enhancement area in the quadrate lobe of the liver arterial phase shaped of the focal hepatic hot spot sign.

### Discussion

The focal hepatic hot spot sign was first described in 1983 by Ishikawa. it is due to a portosystemic venous shunt between the SVC and the portal vein. The hot spot is created by areas of focal increased blood flow that result from this shunt. This sign is found mainly in Budd-Chiari syndrome, the causes of which are multiple, notably thorax neoplasms such as pulmonary carcinoma and lymphoma, Vasculo-Bechet disease, fibro sing mediastinitis and lactic aneurysm, the differential diagnosis is made mainly with haemangioma, hepatocellular carcinoma, focal nodular hyperplasia located in segment IV and which can mimic the focal hepatic hot spot sign.

### References

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Received July 08, 2021; Accepted August 16, 2021; Published August 23, 2021

Citation: Drissi A, Hatim E, Sahar M, Jerguigue H, Latib R (2021) Osteopoikilosis is a Disorder Diagnosed only by Radiology. *OMICS J Radiol* 10: 335.

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