

## An Image of the Hepatic Hot Spot Sign

Nada Adjou\*, Kaouthar Sfar, Nourrelhouda Bahlouli, Mohamed Jaddour, Laila Jroundi, Laamrani FZ and Omar El Aoufir

Urgence Radiology Department, HIS Ibn Sina Hospital, Mohamed V University Rabat, Rabat, Morocco

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### Image Article

A 30 year old women consulted for intense chest pain with cyanosis and dyspnea in whom a CT-chest angiography was performed in emergency looking for a superior cave syndrome: We observed a thrombosis of the superior vena cava with at the limit of the abdominal cuts performed of the CT chest a hyper dense focal hepatic opacification realizing the classic hepatic hot spot sign.

This sign was first described by Ishikawa in 1983 and it manifests as an area of intense focal enhancement of the quadrate lobe in the arterial phase [1].

In patient with obstruction of the superior vena cava, collateral veins return blood to the left hepatic lobe via the internal mammary

and left umbilical veins, creating a hot spot in the area of insertion of the left umbilical vein and left main branches of the portal vein [2].

The hepatic hot spot sign has been reported in Budd-Chiari syndrome, the causes of the superior vena cava syndrome (vascular Behcet disease, lung carcinoma and lymphoma, fibrosing mediastinitis and luetic aneurysm), and masses of the liver (CHC, focal nodular hyperplasia, and abscess haemangioma) [3] (Figure 1).

### References

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**Figure 1:** Axial view contrast enhanced CT, objectived the intense focal enhancement of the liver realizing the hepatic hot spot sign.

**\*Corresponding author:** Nada Adjou, Urgence Radiology Department, HIS Ibn Sina Hospital, Mohamed V University Rabat, Rabat, Morocco, E-mail: Docnada736@gmail.com

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