

[PICTURES IN CLINICAL MEDICINE]

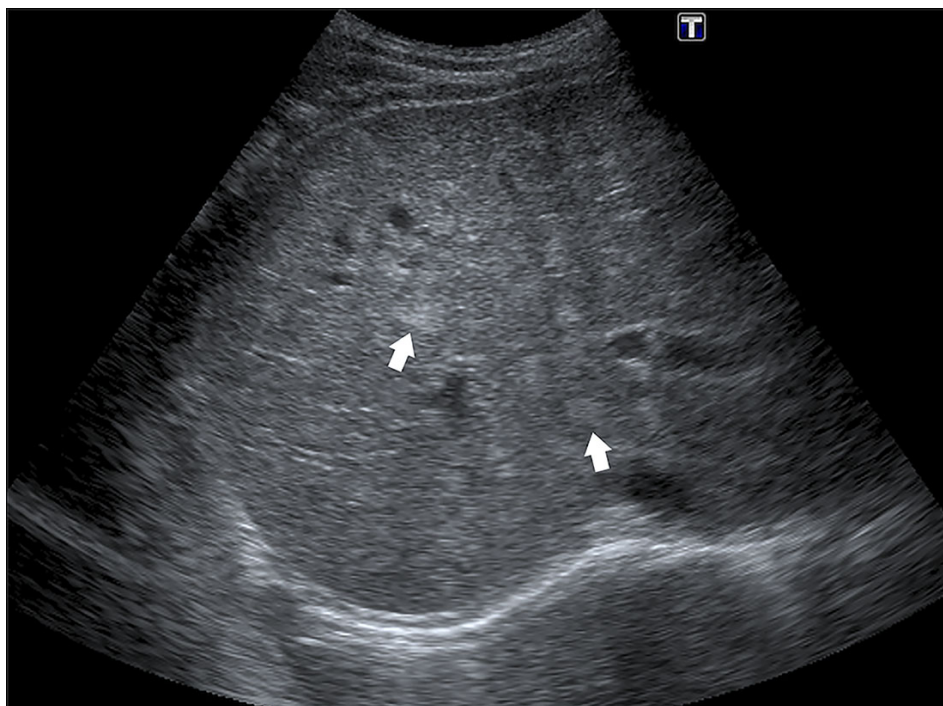
Features of Dynamic Computed Tomography Imaging of Glycogenic Hepatopathy

Ting-Fu Hsu¹, Tung Liu², Sung-Hua Chiu¹ and Wei-Chou Chang¹

Key words: glycogenic hepatopathy, diabetes mellitus

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Picture 1.

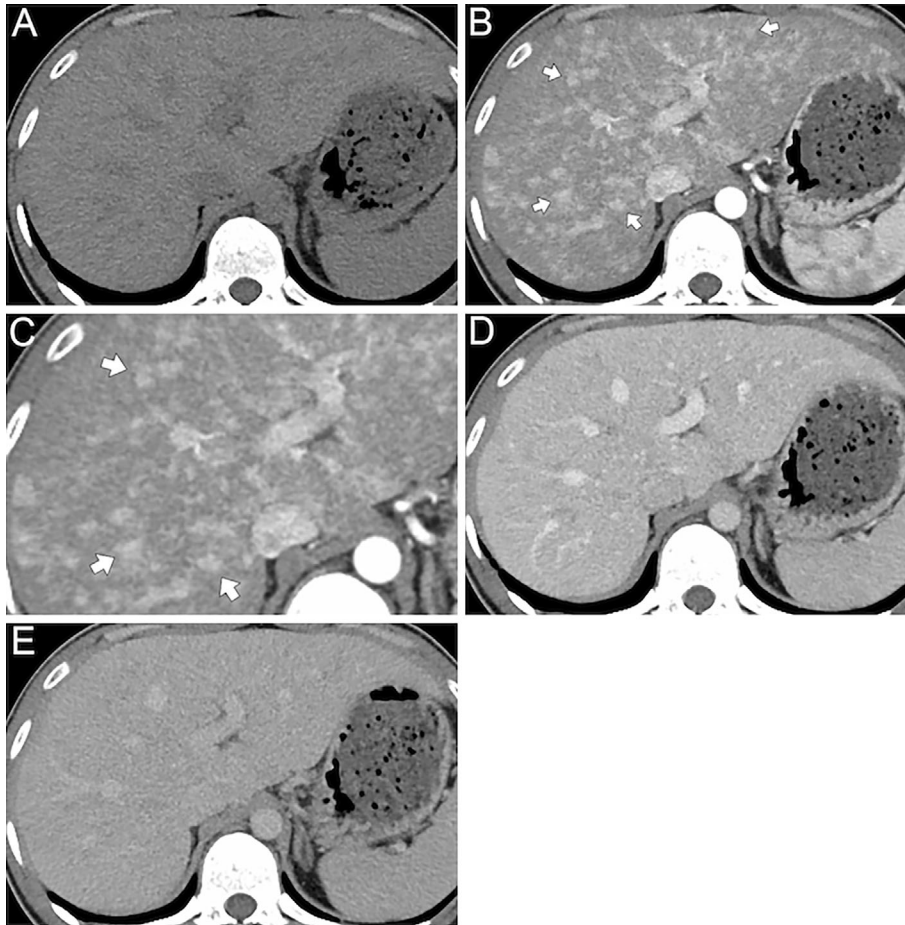
A 23-year-old man with type I diabetes mellitus showed increased levels of serum alanine transaminase (ALT, 53 U/L) with multiple hyperechoic hepatic nodules (Picture 1, arrows) on a sonogram. Dynamic computed tomography (CT) (Picture 2) revealed multiple arterial-enhancing hepatic nodules (Picture 2B, C, arrows) that became isodense in the portal venous and delayed phases. Dynamic magnetic resonance imaging showed the same features, and a normal appearance was seen on T2-weighted and diffusion-weighted imaging (Picture 3). A histopathologic examination demonstrated glycogenated nuclei (Picture 3A, arrows) and glyco-

gen aggregates within hepatocytes, which were confirmed by periodic acid-Schiff and de-periodic acid-Schiff stain (Picture 4B, C). Glycogenic hepatopathy (GH) was diagnosed. GH is a rare cause of increased serum transaminase levels in diabetic patients (1), and continuous glucose monitoring improves both hyperglycemia and the liver function (2). In our patient, the ALT level normalized after glucose control. We herein report the first case of GH with multiple arterial-enhancing hepatic nodules, which may be an important imaging feature of GH.

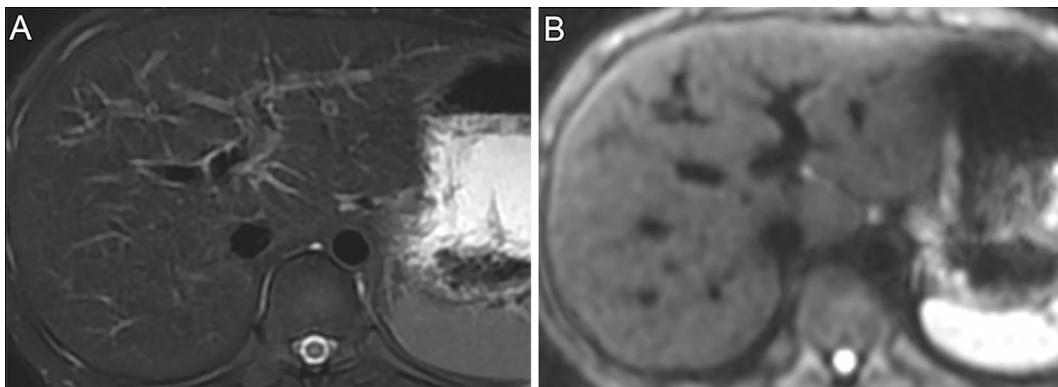
¹Department of Radiology, Tri-Service General Hospital and National Defense Medical Center, Taiwan and ²Department of Pathology, Tri-Service General Hospital and National Defense Medical Center, Taiwan

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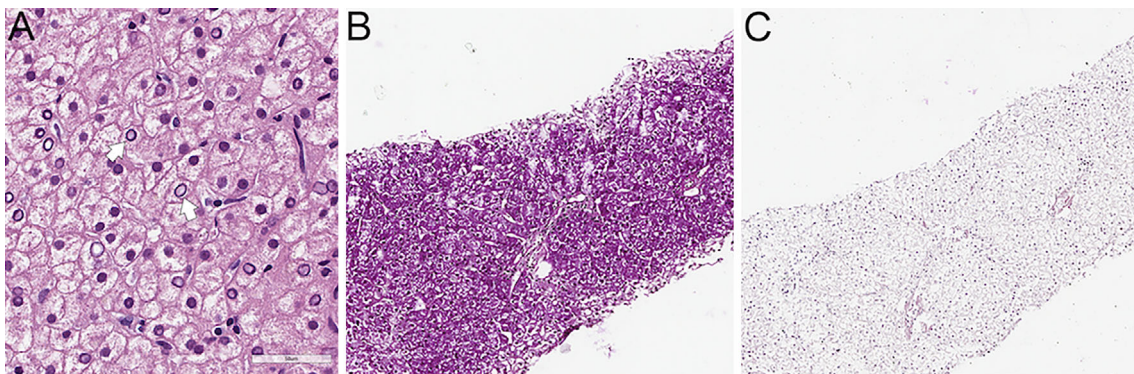
Correspondence to Dr. Wei-Chou Chang, weichou.chang@gmail.com



Picture 2.



Picture 3.



Picture 4.

The authors state that they have no Conflict of Interest (COI).

References

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