

Peliosis

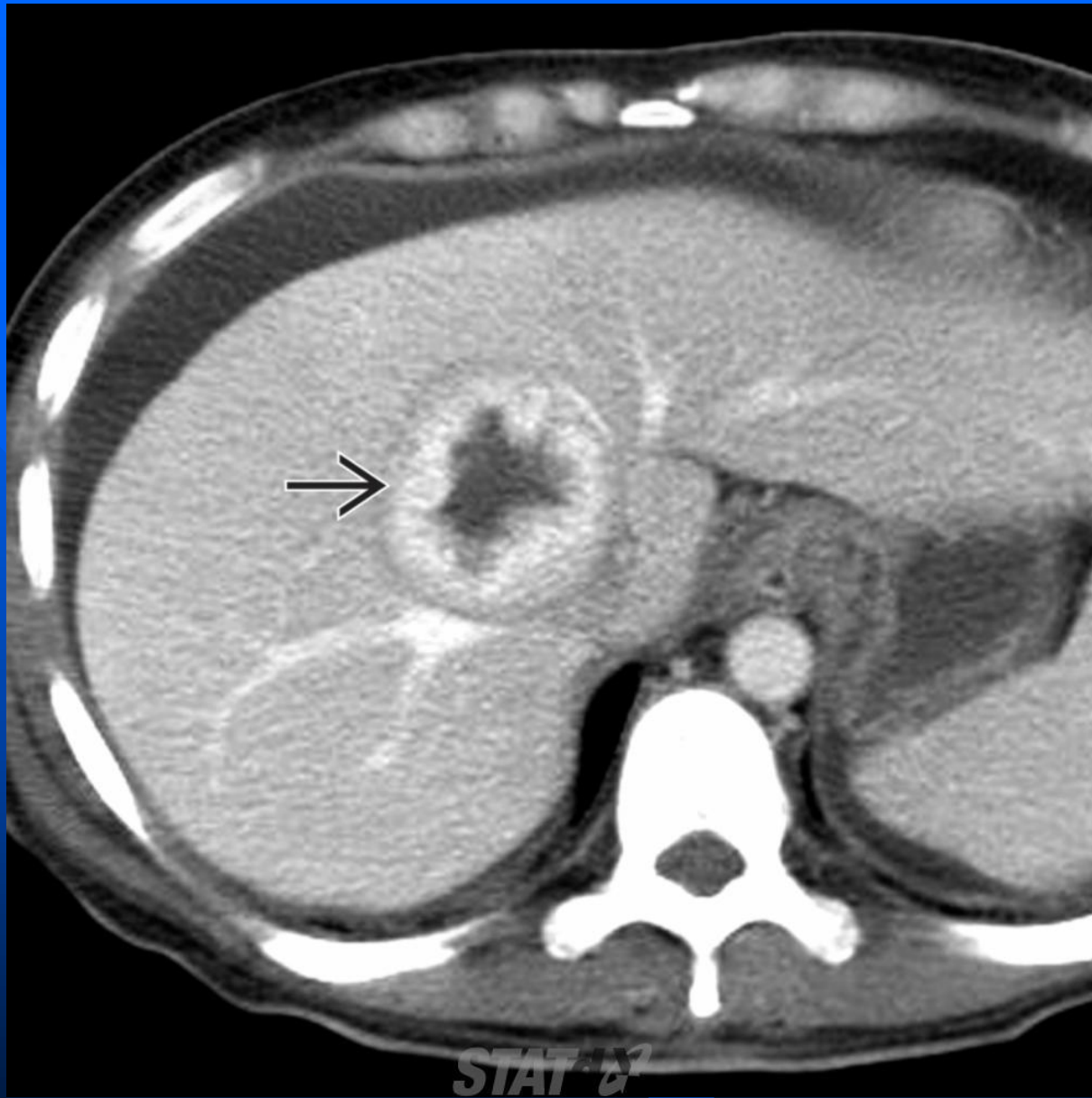
- Rare **benign disorder** characterized by dilatation of sinusoidal blood-filled spaces within the liver.
- There may be involvement of other organs, most commonly the spleen and bone marrow.
- Commonly asymptomatic, this disease may manifest with hepatic failure, portal hypertension, hemorrhage, and hemoperitoneum.
- Lesions vary in size from 1 mm to several centimeters; **May be cyst like (T2 bright) and fill in to be isointense to liver with contrast, may mimic hemangioma**
- Regression after drug withdrawal, cessation of steroid therapy, resolution of associated infectious disease

Etiology

- Associated with chronic wasting diseases and other chronic illnesses, steroid medications, and oral contraceptives
- After renal or cardiac transplantation
- Bacillary peliosis hepatis caused by *Bartonella* infection in patients with AIDS

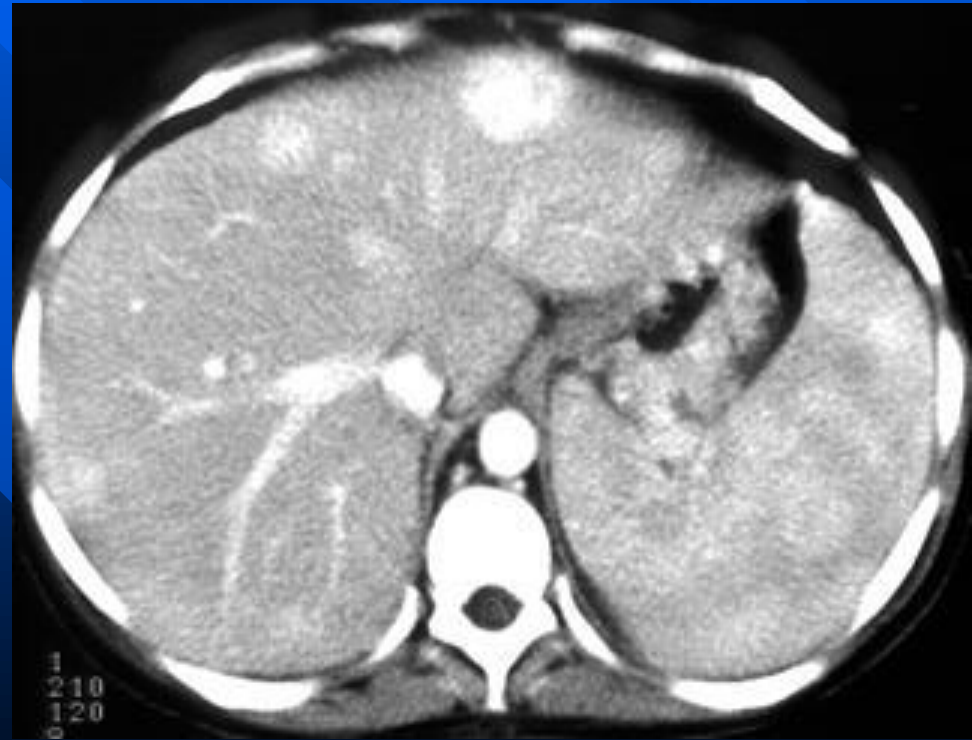
Imaging

- May be diffuse or focal within liver
- Portal phase: Centrifugal or centripetal enhancement without mass effect on hepatic vessels
- Delayed phase: Late, diffuse, homogeneous hyperattenuation
- Hyperintense on T2WI
 - Multiple foci of ↑ signal due to presence of subacute blood (hemorrhagic necrosis)
- Consider peliosis for peculiar hyperenhancing liver lesion failing to fit criteria for other, more common etiologies



Axial portal venous phase CECT in the same patient shows progressive centripetal "fill in" (black solid arrow) of the mass. Because of its atypical features, the mass was biopsied and found to be peliosis. The etiology of peliosis is often obscure, but diabetes and renal transplantation are 2 conditions that have been associated with it.

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Fills in Late, may mimic hemangioma

