LETTER TO THE EDITOR



Don't Call It "Hemangioma"

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Dear Editor.

I read with interest the article by Akhlaghpoor et al [1] entitled "Transarterial Bleomycin–Lipiodol Embolization (B/LE) for Symptomatic Giant Hepatic Hemangioma." However, I would like to comment on the term "hemangioma," as the treated lesions obviously are not hemangiomas.

The word "hemangioma" has been used for decades and unfortunately still is widely used in everyday practice to describe several lesions, which are nowadays known to be distinct pathological entities [2].

Suitable terms, that should be applied in this regard, are defined by the International Society for the Study of Vascular Anomalies (ISSVA) and summarized in its classification for vascular anomalies, recently updated in May 2018.

Experts of the ISSVA and others assume that liver or hepatic "hemangioma" in adult is in fact not a hemangioma at all, but rather a slow-flow vascular malformation, more precisely a venous malformation [2–5]. These lesions are histopathologically composed of malformed vessels, are glucose transporter 1 (GLUT 1) negative and do not undergo mitosis, and thus are vascular malformations [6].

A standardized nomenclature is critical for scientific communication and patient management, and utilizing the It is long overdue to put an end to the general incorrect use of the term "hemangioma," also and in particular within the radiological community.

Compliance with Ethical Standards

Conflict of interest The author declares to have no conflicts of interest

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ISSVA approach for classification of vascular lesions is strongly recommended, not only for skin or soft tissue, but also for bone and viscera.

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