Focal Liver Lesions

Diagnosis and management of hepatic adenoma, focal nodular hyperplasia, hemangioma, simple/polycystic hepatic cysts, and hydatid cysts.

2024 ACG Clinical Guideline
Focal Liver Lesions
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STRENGTH Strong Conditional

1 General Evaluation

STATEMENT	STRENGTH
R1 — Uncertain-etiology focal liver lesion: multiphasic contrast-enhanced imaging (preferably MRI or CT) with late arterial, portal venous, and delayed phases	Strong Low

2 Hepatic Adenoma

STATEMENT	STRENGTH
R2 — Discontinue hormone-impregnated oral contraceptives/IUDs	Strong Low
R3 — Encourage weight loss in overweight/obese patients	Conditional Very low
R4 — Use multiphasic liver imaging (preferably MRI) over standard cross-sectional imaging to distinguish adenoma from other lesions	Conditional Very low
R5 — Adenoma <5 cm in women: discontinue exogenous hormones + advise weight loss if overweight/obese	Conditional Very low
R6 — Adenoma <5 cm in women: surveillance with contrast-enhanced imaging every 6 months for 2 years, then annually	Conditional Low
R7 — Treatment needed but not surgical candidate: embolization or ablation as alternatives	Conditional Low
R8 — Ruptured adenoma: hemodynamic stabilization followed by embolization and/or surgical resection	Conditional Very low

3 Focal Nodular Hyperplasia

STATEMENT	STRENGTH
R9 — Suspected FNH: evaluate with multiphase MRI + hepatobiliary-specific contrast to distinguish from hepatocellular adenoma	Conditional Low
R10 — Do not routinely discontinue oral contraceptives in diagnosed FNH	Conditional Very low

4 Hemangioma

STATEMENT	STRENGTH
R11 — Cirrhosis or chronic HBV meeting HCC-surveillance criteria + suspected hemangioma: continued imaging surveillance q3–6mo for ≥1 year	Strong Low

5 Simple Hepatic Cysts

STATEMENT	STRENGTH
R12 — Asymptomatic simple cysts (any size): expectant management — no routine surveillance/intervention needed	Strong Low
R13 — High-risk US features (septations, fenestrations, calcifications, mural thickening/nodularity, heterogeneity, daughter cysts): further investigate with CT or MRI	Strong Low
R14 — Symptomatic simple cysts: surgical fenestration or aspiration with sclerotherapy	Conditional Low

6 Polycystic Liver Disease

STATEMENT	STRENGTH
R15 — Discontinue exogenous estrogen in women with PCLD	Conditional Very low
R16 — Numerous small–medium cysts not amenable to resection/fenestration/sclerotherapy, or symptomatic ADPKD with concurrent PCLD: medical management with somatostatin analogs	Strong Moderate

7 Hydatid/Echinococcal Cysts

STATEMENT	STRENGTH
R17 — Complicated hydatid cysts (biliary fistula/communication, multiseptated, rupture/hemorrhage, secondary infection, percutaneously inaccessible): surgical management if no contraindication	Conditional Very low
R18 — Uncomplicated hydatid cysts, surgery not an option: percutaneous PAIR with adjunct antihelminthic therapy	Conditional Low

Frenette C, Mendiratta-Lala M, Salgia R, Wong RJ, Sauer BG, Pillai A. ACG Clinical Guideline: Focal Liver Lesions. *Am J Gastroenterol.* 2024;119(7):1235-1271.