

# **INTRODUCTION AND AFTER WORK**

# INTRODUCTION

✿ Over the past 20 years, interest in liver tumours has increased because of identification of new aetiological factors and an apparent increase in the frequency of hepatocellular carcinoma in many parts of the world. The occurrence of neoplasms related to hepatitis B virus, the use of oral and injectable contraceptives many years ago have all contributed to the increased interest in the subject. **(Kew, 1996).**

✿ The liver is a common site for metastasis from many primary sites especially lung, breast and gastrointestinal tract. Such tumours are treated by palliative hepatic resection and chemotherapy. **(Rosen, 1997).**

✿ Liver cell carcinoma "hepatocellular carcinoma" is a common malignant tumour in all African countries south of Sahara and in south east Asia. In the people's Republic of China it is responsible for over 100,000 deaths per year. Most cases are seen in patients over the age of 50 years, but this tumour can also occur in younger individuals and even in children. The treatment of choice for such tumour is complete surgical excision. **(Mac Sween, 1994).**

✿ Haemangioma is the most common benign tumour of the liver. In most cases it is found incidentally at laparotomy or autopsy. Occasionally it grows large enough to form a clinically apparent mass. Large and symptomatic haemangiomas need to be surgically excised. Medical treatment or observation is justified in small or asymptomatic lesions. **(Goodman, 1988).**

✿ Hepatocellular adenomas are rare tumours that have a striking predilection for females and are pathogenitically related to the use of oral contraceptives; a fact supported by their occasional total regression following discontinuation of the hormones. **(Shearman et al, 1997).**

✿ Recent diagnostic techniques including tumour markers, computerized tomography, scans, echograms, scintigraphy, nuclear magnetic resonance imaging are all helpful in determining the number, size and location of tumours of liver and are so helpful in early intervention. **(Sherlock, 1997).**