



Department of Hepatobiliary Surgery

Chief: Prof. Gian Luca Grazi

Consent form for case report

Case Report: **"Peliosis hepatis: personal experience and literature review"**

Principal Investigator: Gian Luca Grazi, Department of Hepatobiliary Surgery, Regina Elena Cancer Institute, Rome, Italy.

Name of Participant: **Federica Imperatore, born in Rome, February 12, 1983**

You are being asked to consider allowing Prof. Gian Luca Grazi to use information about your disease (Peliosis hepatis) to write what is called a case report. Case reports are typically used to share new unique information experienced by one patient during her clinical care that may be useful for other physicians and members of a health care team. A case report may be published (in print and/or via internet dissemination) for others to read, and/or presented at a conference. This form explains the purpose of this case report. Please read this form carefully and take your time to make your decision and ask any questions that you may have.

The purpose of this case report is to inform other physicians about the management of a patient with Peliosis hepatis (PH), a rare disease characterized by multiple and small blood-filled cysts within the parenchymatous organs. PH is a very rare disease, more common in adults, and when affects the liver,

it comes to surgeon attention only in extremely urgent situation after the lesion's rupture with the resulting hemoperitoneum. We perform a liver resection of segment VII and the histopathological examination confirmed the diagnosis of focal PH. PH should always be considered in the differential diagnosis of hepatic lesion. Clinicians discussed over the possible causes and issues related to the differential diagnosis in addition to the appropriate therapeutic approach. The fortuitous finding of a lesion, potentially compatible with PH, requires elective surgery with diagnostic and therapeutic intents. The main aim is to prevent the risk of a sudden bleeding that, in absence of properly equipped structures, may have a fatal outcome.

Prof. Gian Luca Grazi is obligated to protect your privacy and not disclose your personal information (information about you and your health that identifies you as an individual e.g. name, date of birth, medical record number). When the case report is published or presented, your identity will not be disclosed.

Although your personal information collected or obtained will be kept confidential and protected to the fullest extent of the law, there is a limited risk associated with this case report that could result in a loss of confidentiality by virtue of your unique experience.

You will not directly benefit from participating in this case report. The information that can be shared with other health care professionals, however, may improve the care that is received by others in the future.

Allowing your information to be used in this case report will not involve any additional costs to you. You will not receive any compensation.

Taking part in this case report is your choice (voluntary). You may choose not to take part or you may change your mind at any time. However, once the case report is written and published, it will not be possible for you to withdraw it. Your decision will not result in any penalty or loss of benefits to which you are entitled including the quality of care you receive.

You will be told about any new information relating to this case report that may affect you.

Your signature below means that you have read the above information about this case report and have had a chance to ask questions to help you understand how your information will be used and that you give permission to allow your information to be used in this case report.

By signing this form, I confirm that:

- the case report has been fully explained to me and all of my questions have been answered to my satisfaction;
- I have been informed of the risks and benefits, if any, of allowing my information to be used in this case report;
- I have been informed that I do not have to participate in this case report;
- I have read each page of this form;
- I authorize access to my personal health information (medical record) as explained in this form;
- I have agreed to participate in this case report.

Rome, April 3, 2015

Name of Participant:

Federica IMPERATORE

Signature:

A handwritten signature in black ink on a light gray background. The signature is written in a cursive style and reads "Federica Imperatore".