An Unusual Presentation of Hepatocellular Carcinoma: A Case Report

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ABSTRACT

Hepatocellular carcinoma (HCC) is increasing in incidence in Pakistan due to the high prevalence of hepatitis B and C virus infections. Majority of cases present at the advanced stage and are out of the curative treatment options. Local invasion into the biliary ducts and involvement of adjacent vasculature i.e., portal vein and hepatic veins, is occasionally seen. Peritoneal metastasis is reported in the literature. However, extensive peritoneal metastasis with extension to bilateral inguinal hernias in the presence of a relatively small hepatic lesion is a rare phenomenon. We herein report a case of a 77-year-old male who presented to the Interventional Radiology Department for drainage of haemorrhagic ascites. A hepatic lesion was noted on an ultrasound of the abdomen.

Key Words: *Hepatocellular carcinoma, Peritoneal metastasis, Non-alcoholic steatohepatitis.*

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INTRODUCTION

Hepatocellular carcinoma (HCC) is the second most common cause of mortality secondary to cancers.[1] Worldwide hepatitis B and hepatitis C viruses are common risk factors followed by non-alcoholic steatohepatitis (NASH).[2] HCC metastases are most frequently reported in the lungs, followed by lymph nodes, bones, and adrenals.[3] Inguinal, spermatic cord, and peritoneal metastases are very rare and few case reports are available in the literature.[4-6] We present the first case in our region with extensive peritoneal and bilateral inguinal metastases.

CASE REPORT

A 77-year-old male was admitted under the care of a nephrologist for deranged renal function tests, low haemoglobin levels, and abdominal distension. An ascitic tap done at another hospital revealed haemorrhagic ascites. The patient was referred for drainage of ascites. Hepatic lesion and large volume ascites were noted on ultrasound (US) abdomen. His Child-Pugh score was 8, category B, and he had good functional status, Eastern cooperative oncology group (ECOG) 1. CT liver dynamic including chest was ordered after a discussion with the nephrologist. Post-CT, the patient was dialysed as per the nephrologist's recommendations.

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On CT, there was a 5.3 cm hepatic lesion in segment II which showed arterial phase enhancement and washout in subsequent phases. Extensive peritoneal and bilateral inguinal deposits were noted, which demonstrated a similar enhancement pattern. Radiological differentials were peritoneal mesothelioma and disseminated HCC. His alpha-fetoprotein (AFP) levels were >2000 ng/ml. After complete drainage of the abdominal ascites, a US-guided biopsy of peritoneal deposits was performed.

Histopathology was reported as moderately differentiated HCC. Immunohistochemical staining showed positivity of CAM5.2, HAS, and Glypican 3.

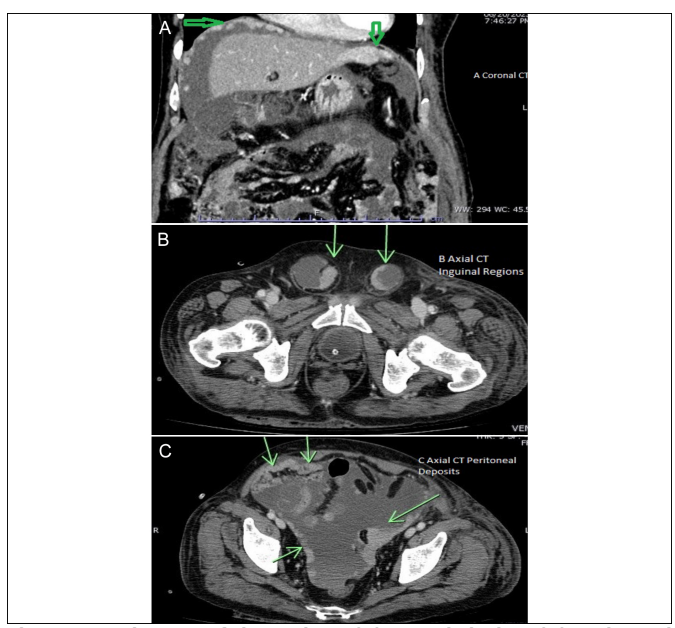

Figure 1: CT images of the patient. (A) Hepatic lesion. (B) Peritoneal deposits (green arrows). (C) Inguinal hernial deposits (green arrows).

DISCUSSION

HCC is one of the leading causes of morbidity and mortality in Pakistan and the numbers are growing.[7] Due to the high prevalence of hepatitis B and C, HCC is frequently encountered. Most of the patients are received late and are out of curative options. Lung, lymph node, and bone metastasis are common, and a high percentage of these patients are candidates for systemic therapy only. The median survival of these patients is up to 8 months.[3] Peritoneal metastases from HCC are rare and have different clinical presentations. Extensive peritoneal metastasis including involvement of peritoneal surface in the inguinal hernias can be explained by spontaneous rupture of HCC in segment II. A common cause of peritoneal metastasis is spontaneous rupture of HCC.[6] This is a rare phenomenon and the overall incidence reported is 2-18%.[6] A case of inguinal hernia metastasis is also reported by Fu *et al*.[5] The present case report is unique as peritoneal and inguinal hernial deposits were present which are both rare phenomena and few cases are reported in the literature. No case is reported from this region. The patient died due to a large tumour burden and extensive metastasis. Disseminated HCC should always be kept in differentials if arterially enhancing peritoneal deposits and hepatic lesions are noted on CT. Haemorrhagic ascites should always raise suspicion and one should investigate before any intervention.

In conclusion, this case represented a unique and rare presentation of a common hepatic malignancy of HCC. The case is shared to increase awareness of varied presentations of HCC among the concerned stakeholders.

PATIENT'S CONSENT:
Written informed consent was obtained from the patient.

COMPETING INTEREST:
The authors declared no conflict of interest.

AUTHORS' CONTRIBUTION:
WF: Manuscript writing, literature review and drafting.
MKK: Acquisition of images, histopathology report and critical revision of material.
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