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A Rare Presentation of Hepatocellular Carcinoma as Dysphagia

Authors
Dr Hariprasad Potta*, Dr A Sadgunarao, Dr NOA Sasikiran
Andhra Medical College, Visakhapatnam
*Corresponding Author
Dr Hari Prasad. P, M.D.
Ground Floor-B, Nagamalli Enclave, Zilla Parishad Junction, Krishna Nagar, Visakhapatnam, 530002

Abstract
Hepato Cellular Carcinoma (HCC) rarely presents as Dysphagia. A case of 62 yr old male presented with one month history of progressive dysphagia for solids and liquids and is investigated accordingly. UGI endoscopy shown friable growth at the level of GE junction for which biopsy was done. Interestingly biopsy report shown pleomorphic hepatocytes with vesicular nucleus with prominent nucleoli suggestive of HCC. Later HCC is confirmed. As patient was already in BCLC stage D with performance status of ECOG 3 and Child Pugh Score (CPS) of 5 and patient was offered the option of metallic stent for relief of dysphagia. Hence HCC should be considered as a possibility in progressive dysphagia.

Introduction

Hepato Cellular Carcinoma (HCC) is the most common malignancy of liver in patients with chronic hepatitis B infection or hepatitis C infection or Chronic liver disease[3]. It is usually seen in 6th decade of life. It mostly presents with Right hypochondriac or epigastric pain. HCC rarely infiltrates the Gastro intestinal (GI) tract with a reported incidence of 0.5- 2%[4] presenting as hematemesis and malena[1,2]. Here we present a case of dysphagia due to hepatocellular carcinoma infiltrating the Gastroesophageal (GE) junction[5]

Case Report

A 72 year old male with presented with one month history of progressive dysphagia for solids and liquids.. No significant past history. General examination he was lethargic and cachectic (BMI: 17 Kg/m2). Systemic examination of his abdomen revealed hard, irregular liver mass palpable 5 cms below the right costal margin, there was no splenomegaly or stigmata of chronic liver disease.

Investigations revealed iron deficiency anemia with normal liver, renal function tests. Viral markers were positive for HBeAg and negative for chronic Hepatitis B, hepatitis C . Upper GI Endoscopy done showing ulcerated friable growth (figures 1,2) at the level of GE junction for which biopsy was done. Contrast enhanced CT abdomen was done for staging of GE junction growth which interestingly showed two heterogeneously enhancing masses in arterial phase with wash out in venous and delayed phase suggestive of hepatocellular carcinoma. His alpha feto protein was 1,81,500ng/ml. Patient followed up with GE junction growth biopsy report which showed pleomorphic hepatocytes with vesicular nucleus and prominent nucleoli (figure 3)

suggestive of hepatocellular carcinoma. There was no involvement of portal vein.

Figure 1: UGI Endoscopy of junction growth

Figure 2: UGI Endoscopy of Junction growth

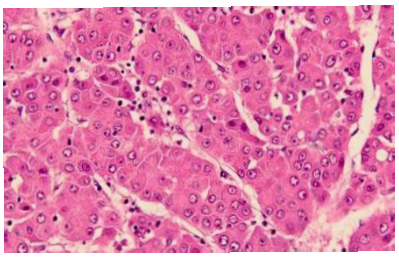

Figure: 3 Histo Pathological Examination Showing Hepato Cellular Carcinoma

Discussion[6]

HCC is most common primary malignancy of liver. Typical clinical features of HCC are well recognised (including abdominal pain and weight loss in patients with cirrhosis), many patient now diagnosed at an early stage because of no symptoms and signs. This is because of surviellence programs in patients with Chronic Liver Disease. In far-advanced disease, patients with HCC usually present with typical symptoms and signs and diagnosis is easy. Ordewise frequency of presentation Abdominal pain(59-95%), weight loss (34-71%), weakness (22-53%), abdominal swelling (28-43%), nonspecific GI symptoms (25-28%), jaundice (5-26%), Infiltraion of GI tract (0.5 to 2%)

Conclusions

In a Patient presenting with dysphagia Hepatocellur carcinoma is a possibility.

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Abbreviations

1) Hepato Cellular Carcinoma (HCC)
2) Upper Gastro Intestinal (UGI)
3) Gastro Esophageal (GE)
4) Barcelona Clinic Liver Cancer (BCLC)
5) Eastern Cooperative Oncology Group (ECOG)
6) Child Pugh Score(CPS)
7) Body Mass Index (BMI)
8) Computerised Tomography (CT)