



A Pain In The Neck: A Rare Site For Hepatocellular Carcinoma

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INTRODUCTION

Hepatocellular carcinoma (HCC) with metastasis to the thyroid gland is very rare with few cases reported in the literature. The clinical presentation of HCC ranges from asymptomatic to hepatic encephalopathy, ascites, palpable mass in the upper abdomen, with paraneoplastic syndromes or with extrahepatic metastasis. Thyroid metastasis is uncommon as the initial presentation of HCC.

CASE PRESENTATION

This is the case of a 62-year-old man with history of compensated liver cirrhosis, likely due to alcohol. Patient was a retired worker from heavy metal processing industry. He complained of worsening right shoulder pain for several months and a growing left neck mass. Imaging studies were done, and shoulder radiograph revealed the presence of a large lytic lesion at the proximal humerus. Thyroid ultrasound and neck computed tomography revealed a large complex heterogeneous hyper vascular nodularity projecting at the left aspect of the neck, concerning for malignancy. A neck biopsy was performed as thyroid malignancy was suspected. The morphology (polygonal cells in a vaguely trabecular pattern) in combination with arginase1 positivity and lack of CK7 and CK20 was more consistent with HCC. Due to the rarity of the case, bone lesion was biopsied and showed same result as the neck lesion. Further studies revealed extensive metastatic disease and presence of several liver lesions, markedly elevated Alpha-Feto protein above 60,000.00ng/dL, thyroglobulin at 6.2 and Antithyroglobulin antibody at < 1 all in favor of HCC. Patient was started on Bevacizumab with Atezolizumab and radiotherapy for bone lesions.

PATHOLOGY IMAGING

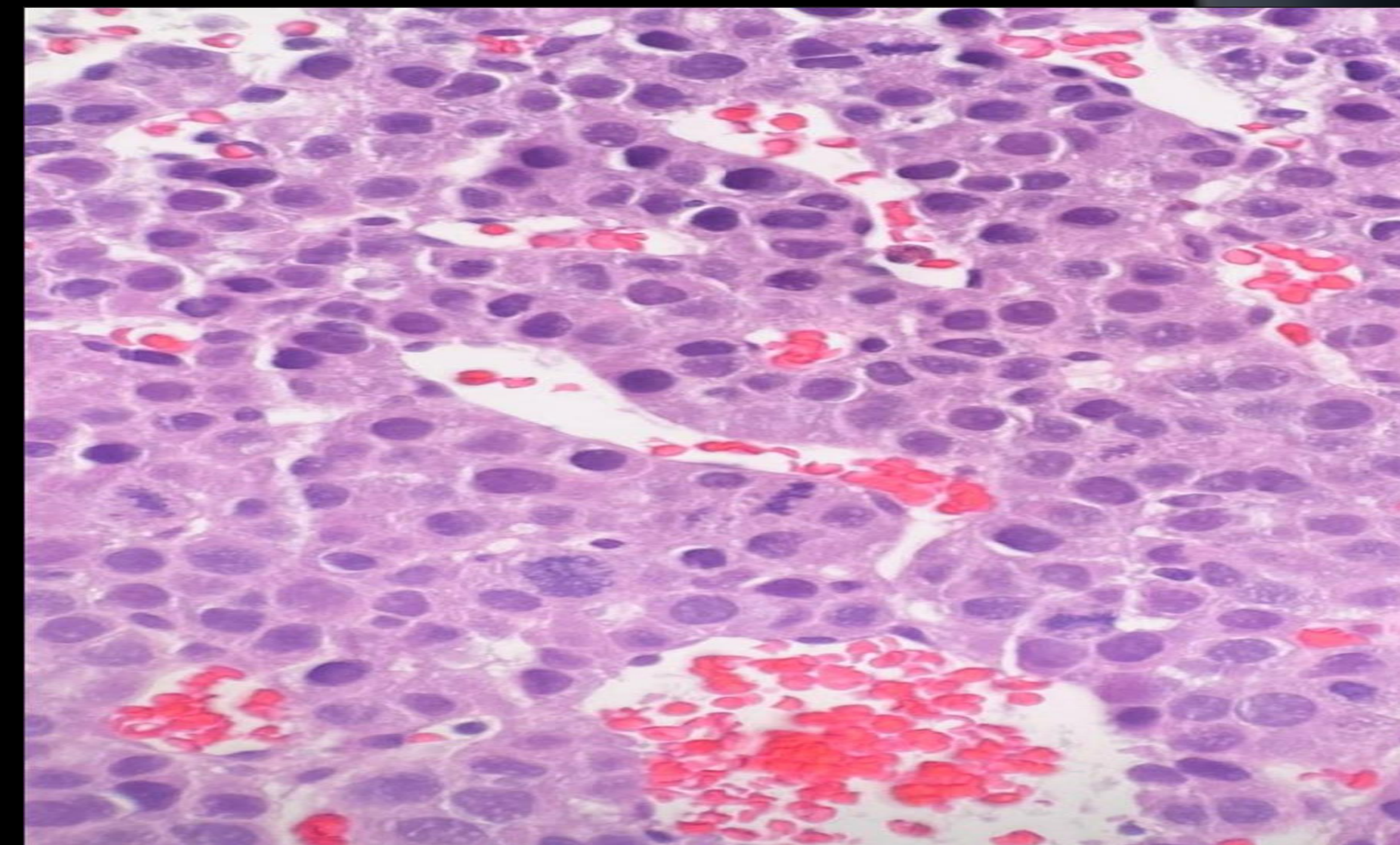


Figure 1. Bone biopsy showing hepatic neoplastic cells with few mitoses arranged in cords, surrounded by an endothelial lining.

IMAGING

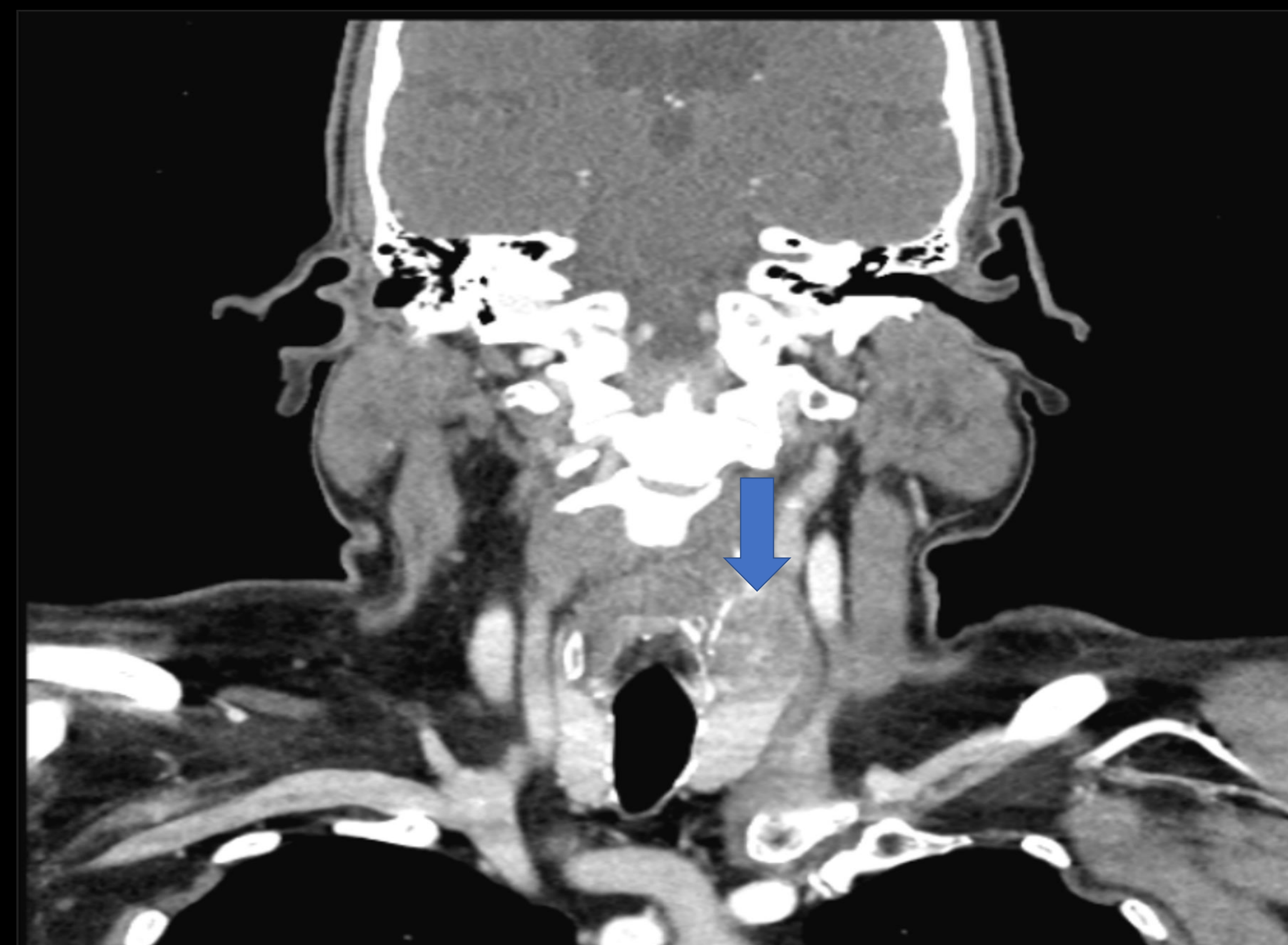


Figure 2. Coronal image of contrast-enhanced neck CT soft tissues partially showing a large complex hyper vascular mass (blue arrow) in the left aspect of the neck involving the superior pole of the left thyroid lobe.

DISCUSSION

- Hepatocellular Carcinoma (HCC) is the most common primary tumor of the liver, mostly affecting patients that are diagnosed with cirrhosis.
- This malignancy constitutes the fifth most common cause of cancer in the world. The most common sites for HCC metastasis are the lungs, abdominal lymph nodes, adrenal glands, or bones, making distant lymph node metastases rare.
- The atypical presentation of HCC in this case cause a delayed in the diagnosis since the patient never developed the usual symptoms of cirrhosis despite his advanced disease stage.

TAKE HOME MESSAGE

- This case stresses the importance that there should be a low index of suspicion in patients with known risk factors for HCC and that special attention should be given to the clinical history despite such an unusual presentation and atypical disease course.
- This case demonstrate that despite the challenges of treating this conditions, working in coordinated manner allows effective management and successful clinical outcomes.

REFERENCES

1. Marrero, Jorge A MD¹; Ahn, Joseph MD, FACG²; Reddy, Rajender K MD, FACG³ ACG Clinical Guideline: The Diagnosis and Management of Focal Liver Lesions .American College of Gastroenterology September 2014 - Volume 109 - Issue 9 - p 1328-1347
2. Irappa Madabhavi, Apurva Patel, Mukesh Choudhary, Asha Anand, Harsha Panchal, Sonia Parikh. Right cervical lymphadenopathy: a rare presentation of metastatic hepatocellular carcinoma .Department of Medical and Pediatric Oncology, GCRI, Ahmedabad, Gujarat, India. Gastroenterol Hepatol Bed Bench. 2014 Summer; 7(3): 177-182.
3. AlejandroFornerMD,Josep M LlovetMD,JordiBruixMD:Hepatocellular carcinoma. Barcelona Clinic Liver Cancer group, Liver Unit, Hospital Clínic Barcelona, University of Barcelona, Barcelona, Spain.