



A Case Of Rapidly Progressing Hepatocellular Carcinoma Hidden from Surveillance

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Case Course

An 84 year old female previously diagnosed with anti-mitochondrial antibody negative PBC presented with one week history of diarrhea and 20lb unintentional weight loss over the past year.



Significant laboratory values include ALP 337 U/L, AST 208 U/L, ALT 52 U/L, INR 1.1, bilirubin total 3.3 mg/dL, Hgb 9.1 g/dL, platelets 309 10³/uL, and albumin 2.4 g/dL.



A CT of the abdomen and pelvis was obtained and revealed a 16 cm mass encompassing the entirety of the right hepatic lobe. A subsequent AFP was > 20,000 ng/mL, consistent with HCC and was discharged home with hepatology follow up.



She presented 2 week later with shock and was found to have a ruptured HCC which eventually was the cause of death.

Images

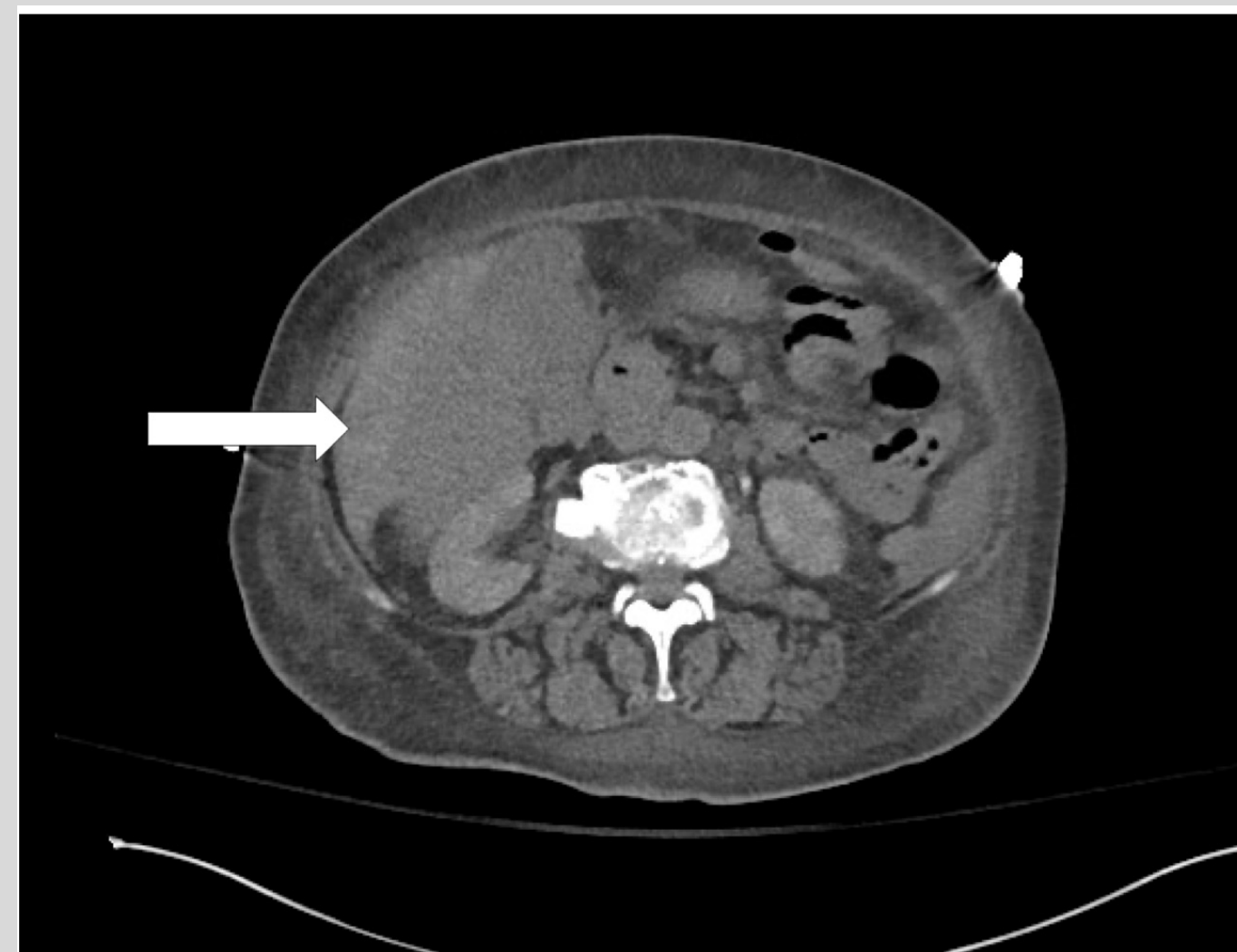
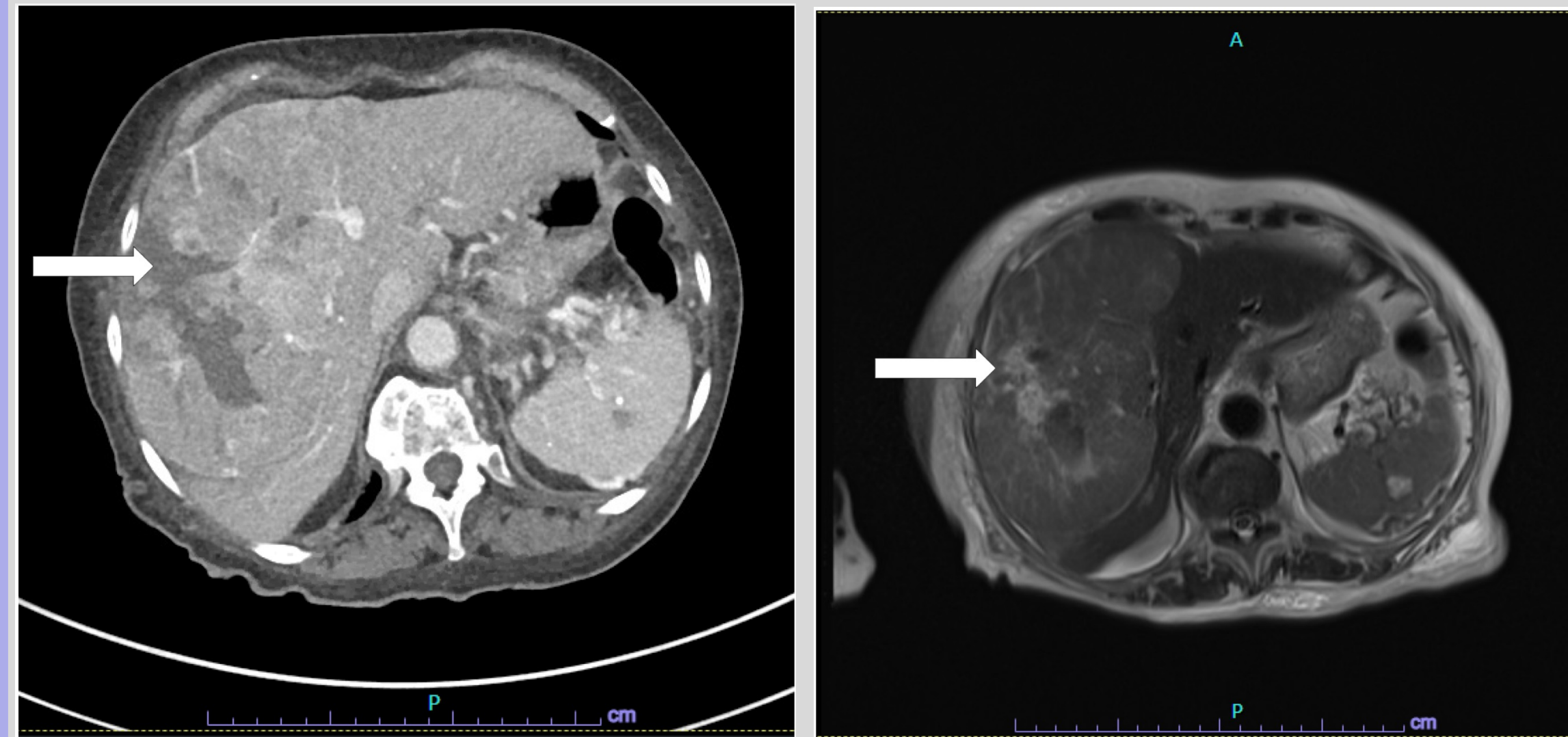


Figure 1: Transverse view of HCC occupying R hepatic lobe (CT w/ con)

Figure 2: MRI WWO contrast Axial T2 Haste

Figure 3: Interval development of a small to moderate hyperdense perihepatic collection (CT w/o Contrast)

Discussion

- Patients with PBC have a slightly increased risk of HCC which is usually diagnosed in the setting of underlying cirrhosis.
- Current guidelines recommend surveillance in those patients with documented cirrhosis with imaging every 6 months.
- Currently there are no screening guidelines for PBC without cirrhosis.
- Minimal studies have focused on PBC without cirrhosis and their development into HCC.
- Given the outcome in this case, more aggressive screening might be beneficial even in the non-cirrhotic population who have underlying PBC.