Hepatocellular carcinoma (HCC) is a primary tumor of the liver that usually develops in the setting of chronic liver disease and cirrhosis. Extrahepatic spread is found in 10%–20% of patients at the time of diagnosis and is more common in tumors over 5 cm in diameter [1]. Direct invasion of the gastrointestinal tract is rare and reported to occur in 0.5%–2% of cases [2]. We present a case of HCC directly invading the duodenal bulb with resultant upper gastrointestinal bleeding.

A 78-year-old woman with a history of chronic hepatitis C presented with 2 days duration of melena and a hemoglobin of 6.8 g/dL. Two years prior she underwent partial gastrectomy for enterol 1997; 25: 373–375

Endoscopic findings revealed an infiltrating mass into the duodenal bulb with active oozing (Fig. 1). Epinephrine (1:10000) was injected around the protruding mass with satisfactory control of bleeding. Computed tomography of the abdomen (Fig. 2) revealed a cirrhotic appearing liver with a large, 8.5 × 6.9 cm, inferior right hepatic lobe mass with direct invasion into the proximal duodenum.

HCC has been described with direct invasion into the stomach and colon with resultant gastrointestinal bleeding [3,4]. Direct invasion into the duodenum has been rarely reported [5], and upper gastrointestinal bleeding and gastric outlet obstruction is a rare presentation when duodenal invasion occurs [6]. Treatment with external beam radiation therapy has been described when gastrointestinal bleeding refractory to standard endoscopic hemostasis techniques occurs [7]. Surgical resection with a pancreas-sparing duo-