Infiltrating hepatocellular carcinoma into the duodenum presenting with upper gastrointestinal bleeding

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 hepatocellular carcinoma invasion. A review of 240 consecutive autopsy cases. Cancer 1990; 66: 2174–2179

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 duodenal bulb with resultant upper gastrointestinal bleeding.

References


Endoscopic findings revealed an infiltrating mass into the duodenal bulb with active oozing (Fig. 1). Endoscopy_UCTN_Code_CCL_1AB_2AZ_3AB

L. E. Kurtz, A. R. Miah
Division of Gastroenterology, Long Island Jewish Medical Center, New Hyde Park, New York, USA

Bibliography

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Corresponding author
L. E. Kurtz, MD
Division of Gastroenterology
Long Island Jewish Medical Center
270-05 76th Avenue
New Hyde Park
New York 11040
USA
Fax: +1-718-841-7420
leonkurtz@yahoo.com