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 intraoperative radiofrequency ablation to three HCC lesions located in the left lateral hepatic lobe, dome of the liver, and the inferior right hepatic lobe. Interval follow-up imaging revealed residual tumor in the dome of the liver and the inferior right hepatic lobe, which had been treated with sorafenib.

Endoscopic findings revealed an infiltrating mass into the duodenal bulb with active oozing (Fig. 1). Epinephrine (1:10,000) 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 [6] due to duodenal perforation by the tumor.

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