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CLINICAL IMAGE IN GASTROENTEROLOGY

Hepatocellular carcinoma invading the stomach☆

Hepatocarcinoma invadiendo estómago

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An 80-year-old woman presented with chronic hepatopathy secondary to hepatitis C virus infection. She was treatment-naïve (genotype 1b, viral load: 1'686,310 IU/mL *log* 6.23) and had no clinical signs of cirrhosis. The patient came to the emergency service due to upper gastrointestinal bleeding, characterized by melena and chronic anemia (she had a history of similar events), nonspecific abdominal discomfort, and unmeasured weight loss. A hardened mass was palpated in the right hypochondrium. The endoscopy study reported a Borrmann III, exophytic, polypoid, ulcerated, infiltrating gastric tumor, with fibrin and necrotic areas of approximately 5 cm in the lesser curvature of the stomach and toward the antrum (Figs. 1 and 2). A contrast-enhanced CAT scan identified a heterogeneous lesion in liver segment IV (10 × 10 × 10 cm) that passed the hepatic capsule and penetrated the stomach, with late-phase enhancement (Figs. 3 and 4). Laboratory results reported Hb 8.9 g/dl,

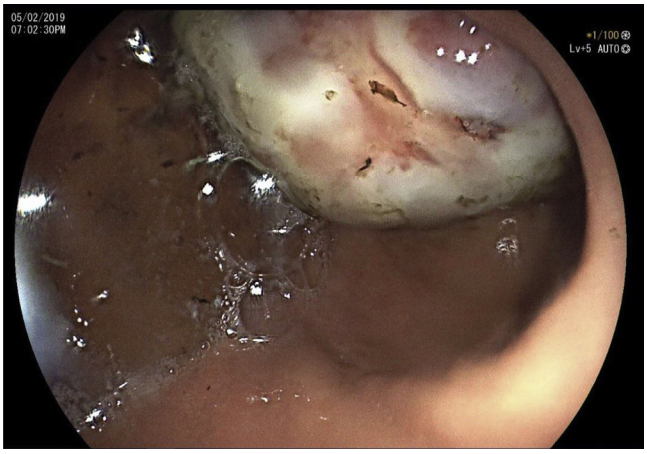

Figure 1 Endoscopic image showing the tumor in the gastric antrum.

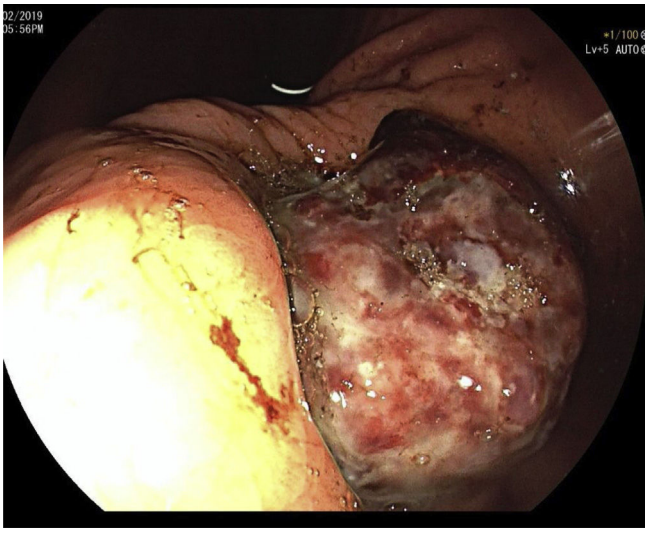

Figure 2 Endoscopic image, in which the tumor invading the gastric antrum is identified on retroflexion.

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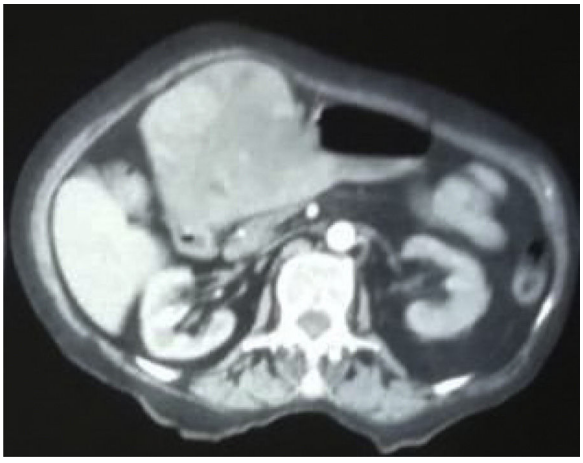

Figure 3 Contrast-enhanced abdominal CAT scan showing the liver tumor invading the gastric chamber. The lesion is heterogeneous and located in segment IV of the liver.

Figure 4 Coronal view of the abdominal CAT scan, showing the liver tumor invading the stomach.

platelets 348, AFP 19.3 IU/mL (0-15), and albumin 2.6 g/dl. Left hepatectomy and distal gastrectomy were performed, and the histologic report stated well-differentiated hepatocellular carcinoma (Fig. 5). The differential diagnoses included gastric adenocarcinoma and gastrointestinal stromal tumor (GIST). Such cases of hepatocellular carcinoma are rare, with fewer than 20 reported in the literature. The most common presentation is gastrointestinal bleeding.

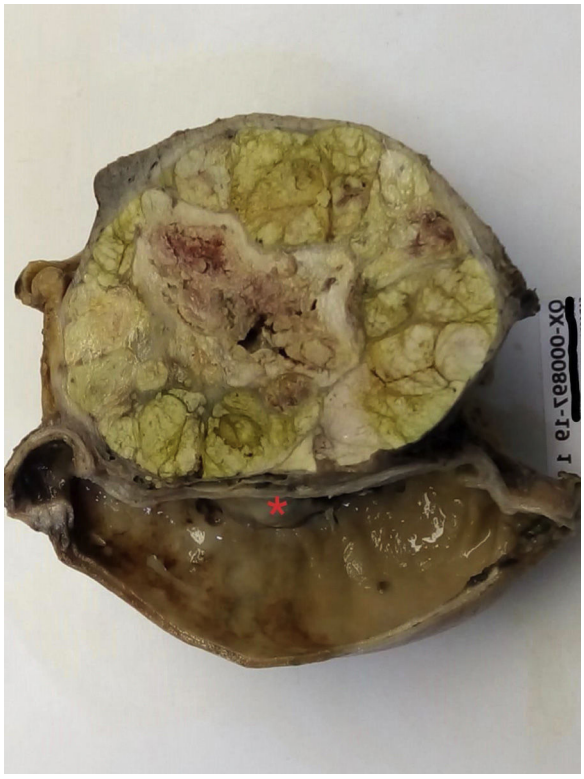

Figure 5 Macroscopic image of the hepatocellular carcinoma. The distal part of the stomach can be seen, with the tumor invading the wall and the mucosa of the lesser curvature of the stomach (✳).

Ethical considerations

The authors declare that they have followed the protocols of their work center on the publication of patient data and have preserved patient anonymity at all times. Informed consent was not required for the publication of the present case because the article contains no personal data that could identify the patient.

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Conflict of interest

The authors declare that there is no conflict of interest.