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 upper gastrointestinal bleeding.

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 duodenal bulb 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 duodenectomy or an extended left lobectomy with partial gastroduodenectomy has been successful [8, 9]. Despite the above measures, prognosis remains poor.

References


Bibliography

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