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 due to duodenal perforation by the tumor. Endoscopy in 2003 revealed residual tumor in the duodenal bulb with active oozing. Although successful resection, prognosis remains poor. Endoscopy_UCTN_Code_CCL_1AB_2AZ_3AB

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References

Bibliography
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