Pedunculated hepatocellular carcinoma presenting as a mass in the right iliac fossa

J. Campos Franco, N. Mallo González, P. Barros Alcalde, G. Pazos González and A. González Quintela

Departments of Internal Medicine and 1Radiology. Complejo Hospitalario Universitario. Santiago de Compostela, A Coruña, Spain

CLINICAL CASE

A 79-year-old female was admitted to hospital with a history of diarrhea, asthenia and weight loss during the last year. On examination there was a right lower quadrant abdominal mass. An abdominal CT-scan demonstrated a large liver mass with exophytic growth towards the right iliac fossa (Fig. 1). The pancreas, spleen, kidneys, uterus, and ovaries were all normal. Hepatitis C and hepatitis B virus markers were negative. Serum alpha-fetoprotein levels were within normal limits. A fine-needle aspiration of the liver mass revealed a well-differentiated hepatocellular carcinoma (HCC). Tumor size precluded resection, and chemoembolization was therefore performed with good results. The patient is currently asymptomatic after six months of follow-up.

Fig. 1. Sagital (A) and coronal (B) reformatted abdominal CT scan after intravenous contrast administration. There is a large (13 x 12 cm) solid liver mass extending from segments IVb to VI, hypervascular in the arterial phase, with a well-defined capsule and a central scar.
COMMENTS

Pedunculated (or extrahepatic-growing) HCC can be defined as HCC protruding from the liver (1). Pedunculated HCC may have a true pedicle or present as an exophytic mass extending from the lower liver edge and reaching the pelvis, as in the case reported here (1,2). Pedunculated HCC is a rare form of HCC which is characteristically large and encapsulated, and has been considered a poor-prognosis HCC variant (2,3). However, some patients benefit from surgical resection because both the capsule and the pedicle may prevent vascular invasion, therefore improving prognosis (4).

REFERENCES