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Nonsirotic chronic hepatitis B presenting with hepatocellular carcinoma: a case report

Ahmet Uyanikoglu, Meliha Ozkutlu

Harran University, Medical Faculty, Gastroenterology

INTRODUCTION: Hepatocellular carcinoma (HCC) is the most common primary malignant tumor of the liver and develops on the basis of ninety percent cirrhosis. In Africa and Asia, it is mostly associated with hepatitis B virus. Men are at higher risk than women in terms of HCC development. The patient presented with HCC on the background nonsirotic hepatitis B.

CASE: A 53-year-old male patient was admitted to our outpatient clinic with complaints of weight loss of 10 kilograms in a month. On physical examination, the liver was palpable under the jeans and there was no splenomegaly. In laboratory tests creatinine: 0.8 mg / dl, AST: 183 U / L, ALT: 239 U / L, GGT: 82 U / L, ALP: 117 U / L, total bilirubin: 1.3 mg / dl, direct bilirubin: 0.5 mg / dl, albumin: 4.1g / dl, leukocyte: 9218, hemoglobin: 17.5 g / dl, hematocrit: 54%, platelet: 210.000, sedimentation: 2 mm / h, CRP: 1.53 mg / dl, HBsAg: positive, anti-HBs: negative, HBeAg: negative, anti-HBe: positive, anti-HCV: negative, anti-HDV: negative, AFP: 347.3 ng / ml, CA 19-9: 97.37 U / ml, and HBV-DNA: 2020000 IU / ml. Ultrasonographic examination of the liver in normal limits, contour smooth, parenchymal echo pattern homogeneous, echo severity normal, right lobe 62x48 mm in size with a large number of cystic degenerated areas containing lobulated contoured, heterogeneous internal structure hypoechoic solid (metastasis?) Reported as dynamic analysis and histopathological examination was recommended. Abdominal dynamic magnetic resonance (MR)

RESULTS: Liver parenchyma structure and intensity are natural. The liver craniocaudal size was measured as 192 mm and increased. There were several LAPs in the portal hilus level and in the retrocural area with a size of 22x14 mm. A large lobe-contoured T1 hypointense, T2 heterogeneous hyperintense, heterogeneous contrast-enhanced lobulated contoured mass (metastasis?) was observed in the liver with approximately 55x48 mm size in the right lobe at right lobe segment. Spleen size, parenchymal structure and intensity are natural (picture). Esophagitis (grade C), pangastritis detected in gastroscopic examination. Colonoscopy was normal. Tru-cut biopsy was performed in the liver right lobe in heterogeneous echogenicity. Meanwhile, entacavir 0.5 mg 1x1 was started. The patient's biopsy was compatible with HCC. In the liver transplantation council, in-op HCC on the basis non-cirrhotic chronic hepatitis B was accepted as and sorafenib was recommended.

CONCLUSION: Although HCC is usually seen on the background of cirrhosis, it may develop on the background of non-cirrhosis hepatitis B as in our patient.

Keywords: hepatitis B, hepatocellular carcinoma, chronic hepatitis

Patient with HCC on the background nonsirotic hepatitis B.

