

RARE PRESENTATION OF HCC??

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ABSTRACT

Background: Backache is a common presenting complaint among patients coming to the orthopedic out patient department (OPD). A lot of times these do not warrant imaging investigation based on clinical examination. **Case presentation:** We present a case in which patient presented with low backache and imaging helped diagnose a nasty cause for the same. **Conclusion:** Imaging should be performed in all cases where pain is classified as severe in nature on physical examination.

KEYWORDS: HCC, Backpain, CT, MRI.

BACKGROUND

Backache is a common presenting complaint among patients coming to the orthopedic out patient department (OPD). A lot of times these do not warrant imaging investigation based on clinical examination. The common finding on imaging is lumbar sponylosis or prolapsed intervertebral disc. All patients presenting with backache should be evaluated and the severity of their pain characterized based on which imaging should be performed.

CASE PRESENTATION

A seventy-year-old male presented to an orthopedician with chief complaint of backache since few days. Physical examination showed that the pain was acute in onset and classified as serious in nature.^[1] The pain was not radiating to either leg.

After not achieving any relief with the help of physiotherapy the patient was advised to undergo MRI scan of lumbar-sacral spine. MRI revealed an altered marrow signal intensity lesion involving S2 and S3 vertebral bodies on left side extending into sacral canal. CT-guided biopsy showed presence of metastatic hepatocellular carcinoma (HCC). A CT scan of abdomen was performed which revealed an ill-defined lesion in right lobe of liver showing characteristic features of HCC. An enhancing tumor thrombus was also seen involving the right branch of portal vein extending into main trunk along with a suspicious lesion in left adrenal gland. Whole body bone scan revealed no evidence of any other bony metastasis. The patient received palliative

radio-therapy for the backache followed by chemotherapy for the primary lesion.

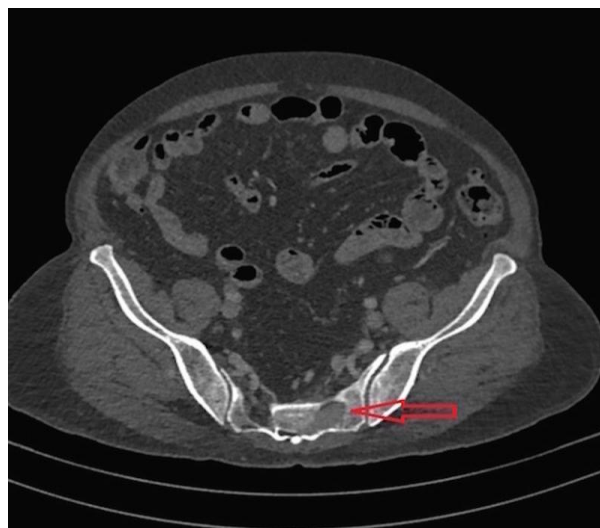


Figure 1: Axial bone window CT image showing a lytic lesion with soft-tissue component involving left-side of sacrum (marked with red arrow).

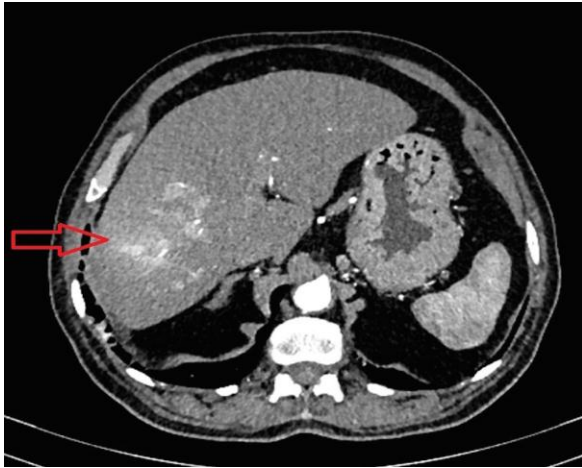


Figure 2: Axial soft-tissue window CT image during arterial phase showing an enhancing lesion in right lobe of liver (marked with red arrow).

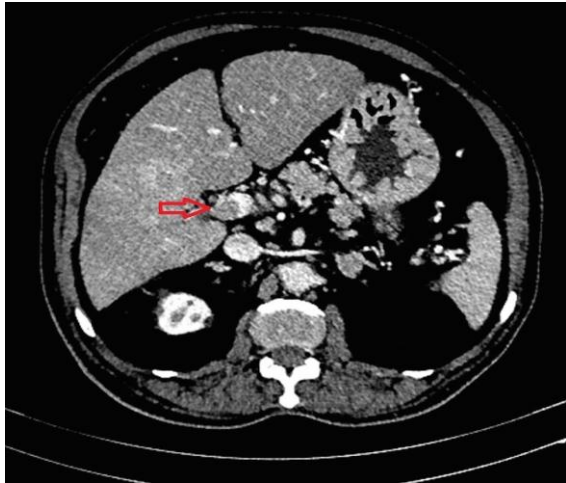


Figure 3: Axial soft-tissue window CT images during portal & venous phases showing an enhancing thrombus in portal vein extending into right branch of portal vein (marked with red arrow).

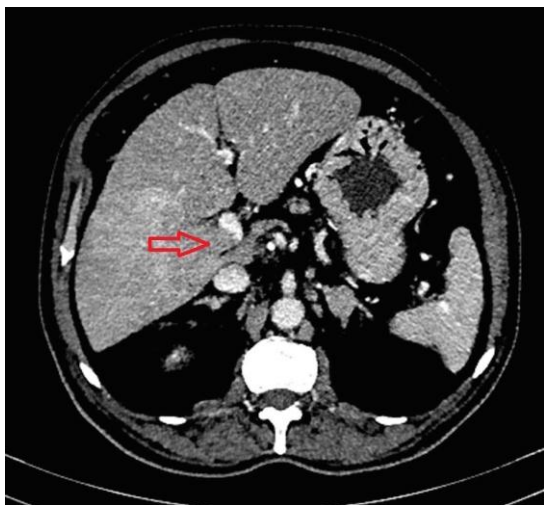


Figure 4: Axial soft-tissue window CT images during portal & venous phases showing an enhancing thrombus in portal vein extending into right branch of portal vein (marked with red arrow).

DISCUSSION

Skeleton is a common site for metastasis with spine involved in about 5-10% of all malignancies. The most common presenting complaint is backache. Sacrum is a rare site for metastasis.^[2] Although bone is a rare site for metastasis of hepatocellular carcinoma (HCC), recent studies have suggested an increase in incidence owing to improved overall survival of patients.^[3,4] Mean survival of an untreated patient of HCC is usually less than one-year.^[5] A multi-center retrospective observational study showed that median time for onset of bone metastasis in HCC was 13 months.^[3] Extra-hepatic metastasis is usually seen in patients with advanced intra-hepatic tumors (stage IVA or III).^[6] Palliative radiation therapy with or without angioembolisation is the treatment of choice for sacral metastasis.^[2,7]

CONCLUSION

We want to emphasize that imaging is necessary to assess the cause of backache when it is classified as severe.

ABBREVIATIONS

CT = Computed tomography

MRI = Magnetic resonance imaging

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