

An unexpected invader: metastatic hepatocarcinoma invading the stomach

Cesar Ramos-Matamoros*, Luis A. Gonzalez-Torres, María F. Castillo-Martinez,
and José A. González-González

Department of Gastroenterology and Digestive Endoscopy, University Hospital Dr. José Eleuterio González, Universidad Autónoma de Nuevo León, Monterrey, Nuevo León, Mexico

Abstract

We present the case of a 65-year-old man with a history of alcoholic liver disease and hepatocellular carcinoma (HCC) treated with transarterial chemoembolization three years ago, with no follow-up. He presented to the emergency department with abdominal pain, weight loss, melena, and hematemesis. Endoscopy showed a mass infiltrating the lesser curvature of the stomach, confirmed by biopsy as metastatic HCC. CT scan revealed HCC infiltration into the stomach. The patient was discharged voluntarily and was lost to follow-up. HCC invades the gastrointestinal tract in 0.2-2% of cases, and treatment could include surgery and systemic therapy.

Palabras clave: Hepatocarcinoma. Estómago. Endoscopia. Cirrosis. Sangrado digestivo.

Un invasor inesperado: hepatocarcinoma metastásico que invade el estómago

Resumen

Presentamos el caso de un hombre de 65 años con antecedentes de hepatopatía por alcohol y hepatocarcinoma (HCC) tratado con quimioembolización transarterial hace tres años, sin seguimiento. Acudió al servicio de urgencias por dolor abdominal, pérdida de peso, melena y hematemesis. La endoscopia mostró una masa que infiltraba la curvatura menor del estómago, confirmada por biopsia como HCC metastásico. La tomografía computarizada reveló infiltración de HCC en el estómago. El paciente fue dado de alta voluntariamente y se perdió el seguimiento. El HCC invade el tracto gastrointestinal en el 0,2-2% de los casos, y el tratamiento podría incluir cirugía y terapia sistémica.

Keywords: Hepatocarcinoma. Stomach. Endoscopy. Cirrhosis. Gastrointestinal bleeding.

*Correspondence:

Cesar Ramos-Matamoros
E-mail: cesar.rm77@gmail.com

Date of reception: 24-09-2024
Date of acceptance: 30-10-2024
DOI: 10.24875/END.24000016

Available online: 11-03-2025
Endoscopia. 2025;37(1):19-21
www.endoscopia-ameg.com

0188-9893/© 2024. Asociación Mexicana de Endoscopia Gastrointestinal, published by Permanyer México SA de CV, all rights reserved.

Introduction

Hepatocellular carcinoma (HCC), commonly linked to chronic liver disease like alcoholic liver disease (ALD), remains a leading cause of cancer-related deaths due to recurrence and metastasis. While HCC frequently spreads to distant organs, gastrointestinal involvement is rare, seen in only 0.2–2% of cases, often presenting as gastrointestinal bleeding. This case report describes a 65-year-old man with ALD and previously treated HCC, who presented with upper gastrointestinal bleeding and was found to have HCC directly invading the stomach.

Case report

We report the case of a 65-year-old man with a medical history of alcoholic liver disease (ALD) and a previous Barcelona stage B hepatocellular carcinoma (HCC) treated with transcatheter arterial chemoembolization

(TACE) therapy three years prior and no follow-up. He arrived at the Emergency Department (ED), complaining of abdominal pain, weight loss, melena, and hematemesis. The physical examination revealed a mass in the right hypochondrium. The upper endoscopy revealed an extraintestinal mass infiltrating the lesser curvature (Fig. 1). We took eight lesion biopsies for pathological analysis, reporting metastatic HCC (CK-OSCAR +, CK19+, Arginase + PEARLS -). An enhanced abdominal Computed Tomography scan (CT scan) revealed HCC infiltration of the stomach (Fig. 1). The patient decided to ask for a voluntary discharge and lost follow-up.

Discussion

Up to 0.2 - 2 % of HCC cases involve the gastrointestinal tract, and the stomach and duodenum represent the most common metastatic site. The most common presentation is gastrointestinal bleeding¹. There are

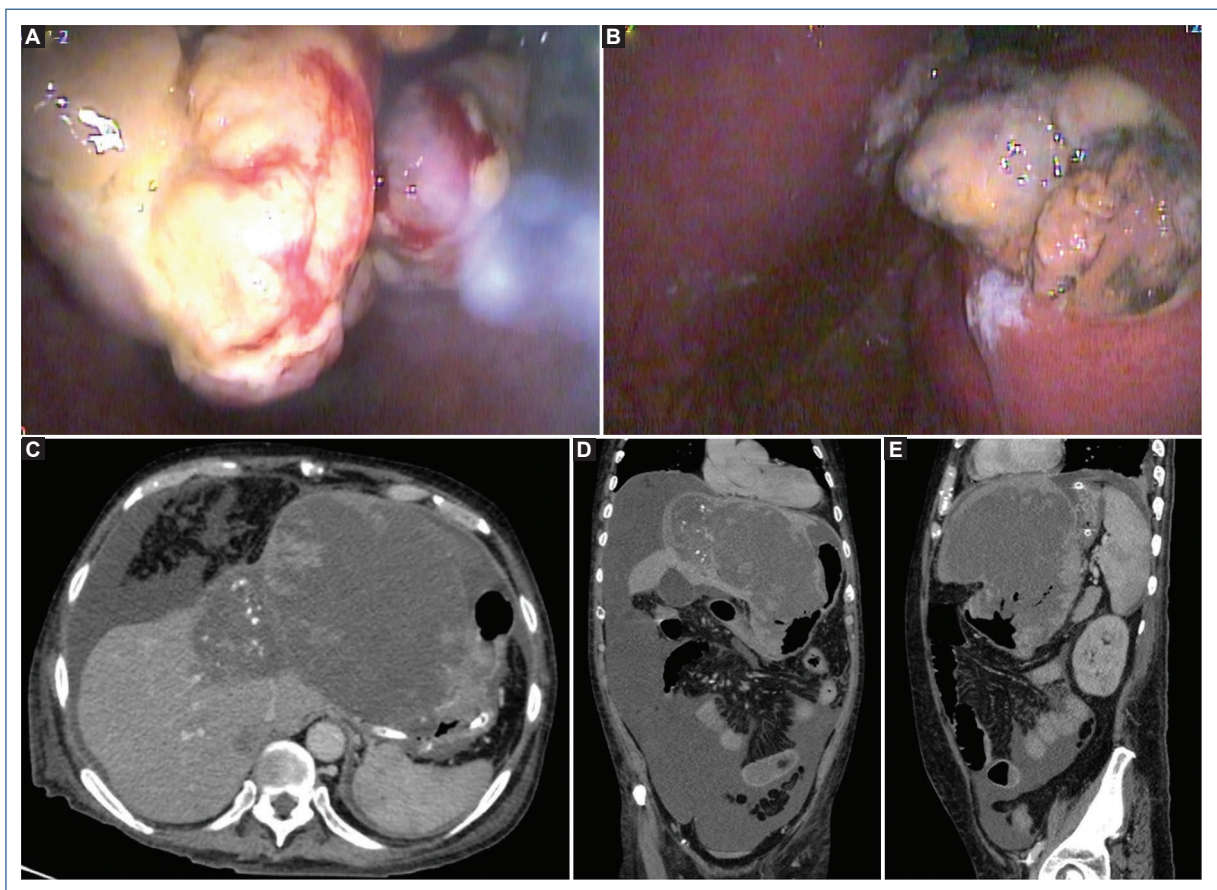


Figure 1. **A:** upper endoscopy. Indurated extraintestinal mass invading the lesser curvature of the stomach extending through the infiltrating site up to the antrum. **B:** endoscopic view in retroflexion. **C:** CT scan axial view revealed a multinodular lesion in the hepatic segments II, III, and IV with measurements of 17 x 16 x 14.5 cm and a volume of 2050 mL. **D:** coronal section showing tumor invading the stomach. **E:** sagittal section with displacement of intestinal structures.

previous reports of direct invasion of HCC to the stomach^{2,3}. Left hepatectomy with distal gastrectomy and systemic treatment seem to represent viable options for this case.

Funding

The authors did not receive any funding to carry out this article.

Conflicts of interest

The authors declare that they have no conflicts of interest.

Ethical considerations

Protection of humans and animals. The authors declare that no experiments involving humans or animals were conducted for this research.

Confidentiality, informed consent, and ethical approval. The authors have followed their institution's confidentiality protocols, obtained informed consent from patients, and received approval from the Ethics Committee. The SAGER guidelines were followed according to the nature of the study.

Declaration on the use of artificial intelligence. The authors declare that no generative artificial intelligence was used in the writing of this manuscript.

References

1. Urhut CM, Sandulescu LD, Streba L, Iovanescu VF, Sandulescu SM, Danoiu S. Hepatocellular Carcinoma with Gastrointestinal Involvement: A Systematic Review. *Diagnostics*. 2022; 12:1270. DOI: 10.3390/diagnostics12051270
2. Imai M, Ishikawa T, Okoshi M, Tomiyoshi K, Kojima Y, Horigome R, et al. Hemorrhagic Gastric Metastasis from Hepatocellular Carcinoma Successfully Treated Using Coil Embolization of the Left Gastric Artery. *Intern Med*. 2019; 58(15):2179-2183. DOI: 10.2169/internalmedicine.2172-18
3. Guzmán-Lepe A, Ramírez-Lugo JF, López-Peña LS. Hepatocellular carcinoma invading the stomach. *Revista de Gastroenterología de México (English Edition)*. 2021; 86:88–9. DOI: 10.1016/j.rgmxen.2020.07.002