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# Hepatocellular Carcinoma with Gastric Invasion Presenting as Gastrointestinal Bleeding: A Case Report

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## Introduction

Hepatocellular Carcinoma (HCC) represents the most prevalent primary liver malignancy, typically emerging in association with chronic liver conditions such as hepatitis B or C infections, alcohol-related cirrhosis, and Non-Alcoholic Fatty Liver Disease (NAFLD) [1-7]. Although HCC commonly metastasizes to the lungs, lymph nodes, bones, and adrenal glands, direct invasion into the Gastrointestinal (GI) tract is considered uncommon, with an incidence of approximately 0.5% to 2% of cases [2]. When such invasions occur, they can result in serious complications like acute upper GI bleeding, creating significant diagnostic and therapeutic challenges [3].

## Case presentation

A 78-year-old male patient with a history of hypertension and chronic hepatitis B was admitted to the emergency department presenting with hematemesis and melena. He had been diagnosed with chronic hepatitis B 20 years ago and had been on tenofovir disoproxil fumarate (245 mg, once daily) for 5 years but discontinued treatment over the last 5 years without regular follow-up. On initial assessment in the emergency room, his general condition was moderately stable; he was cooperative, oriented, but agitated. Vital signs included blood pressure of 90/60 mmHg, a pulse rate of 120 beats per minute, and a respiratory rate of 20 breaths per minute, with sinus rhythm. Laboratory findings on admission are outlined in Table 1. Following stabilization of his hemodynamic status, an upper gastrointestinal endoscopy revealed a mass lesion completely occupying the lesser curvature of the stomach and disrupting the stomach wall's integrity. The lesion showed signs of active, oozing bleeding. Given his history of hepatitis B, an abdominal ultrasound was performed, which identified multiple liver lesions, the largest located in the left lobe, raising suspicion for Hepatocellular Carcinoma (HCC). The patient was subsequently admitted for further monitoring and management.

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**Laboratory Results/ Table 1**

**Table 1**

| Parameter | Result | Reference Range |
|---|---|---|
| Hemoglobin | 10.6 g/dL | 12.89 - 16.73 g/dL |
| Platelet Count | 222 x$10^3$/µL | 130 – 400 x$10^3$/µL |
| Alpha-Fetoprotein (AFP) | 24,134 µg/L | 0 - 9 µg/L |
| Albumin | 25.3 g/L | 35 - 52 g/L |
| Aspartate Aminotransferase (AST) | 228 U/L | 0 - 35 U/L |
| Alanine Aminotransferase (ALT) | 55 U/L | 0 - 45 U/L |
| Lactate Dehydrogenase (LDH) | 595 U/L | < 245 U/L |
| Total Bilirubin | 1.11 mg/dL | 0.3 - 1.2 mg/dL |
| Creatinine | 0.48 mg/dL | 0.67 - 1.17 mg/dL |
| Prothrombin Time | 13.16 seconds | 10 - 15 seconds |
| International Normalized Ratio (INR) | 1.1 | 0.85 - 1.15 |

Endoscopic imaging revealed a tumoral mass occupying the lesser curvature, eroding the stomach wall, and infiltrating the surrounding stomach tissue, accompanied by oozing bleeding **(Figure 1).**

**Figure 1**

A CT scan was conducted following a preliminary diagnosis of Hepatocellular Carcinoma (HCC), based on the masses detected via Ultrasound (USG), a lesion compromising the stomach wall's integrity observed during endoscopy, a history of chronic hepatitis B, and elevated AFP levels.The tomography report described the following findings: A liver mass lesion measuring 116×115 mm, consistent with Hepatocellular Carcinoma (HCC), was identified in segments 1, 7, and 6. Additionally, a larger lesion, approximately 165×133 mm in size and containing air densities indicative of HCC, was noted occupying the left lobe of the liver. This lesion in the left lobe appears to have extended into the stomach, with evidence of a defect in the lesser curvature of the stomach. Secondary air densities were also observed within the mass **(Figures 2 & 3).**

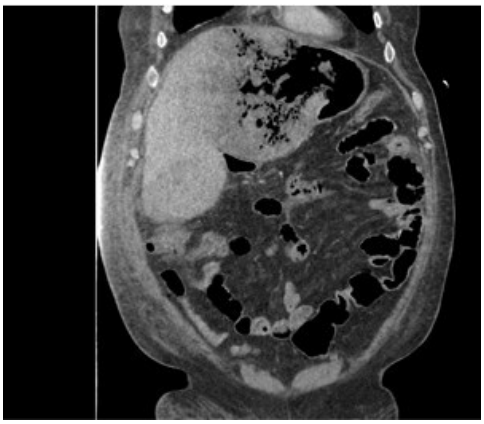

**Figure 2**

**Figure 3**

## Discussion

Hepatocellular Carcinoma (HCC) represents the fourth leading cause of cancer-related deaths globally [4]. Despite the existence of surveillance programs aimed at individuals with liver cirrhosis, approximately 85–90% of newly diagnosed HCC cases are deemed unresectable at the time of diagnosis [5]. For early-stage HCC, curative options such as surgical resection or liver transplantation are the primary management strategies. In contrast, patients with advanced disease or those who are ineligible for surgery are typically managed with locoregional therapies or systemic agents, including sorafenib [2]. The complexity of HCC treatment underscores the necessity for a multidisciplinary approach to formulate optimal therapeutic plans tailored to each patient's clinical profile. Management Strategies Addressing gastrointestinal bleeding caused by HCC invasion presents significant clinical challenges and necessitates an individualized management strategy. Such an approach must consider the patient's overall health status, hepatic functional reserve, and the degree of tumor invasion [6].

## References


1. Zhou J, Sun H, Wang Z, et al. Hepatocellular carcinoma: Advances in diagnosis and treatment. The Lancet. 2021; 398: 1116-1131.
2. Wang H, Tang C, Li R, et al. Gastrointestinal invasion of hepatocellular carcinoma: A rare but fatal complication. Liver Cancer. 2023; 12: 45-56.
3. Lee S, Kim D, Yoon J, et al. Management of hepatocellular carcinoma with GI involvement. World J Gastroenterol. 2022; 28: 2504-2512.
4. Chen T, Zhao J, Wu Y, et al. Advances in the systemic treatment of hepatocellular carcinoma. Oncology Reports. 2023; 40: 1207-1218.
5. Yoon H, Kim H, Park S, et al. Current and emerging treatments for advanced hepatocellular carcinoma. Cancer Research. 2023; 83: 917-931.
6. Tanaka M, Yoshida K, Sakamoto Y, et al. Surgical resection versus locoregional therapies for hepatocellular carcinoma. Annals of Surgery. 2021; 273: 83-91.
7. Chen T, Zhao J, Wu Y, et al. Advances in the systemic treatment of hepatocellular carcinoma. Oncology Reports. 2023; 40: 1207-1218.
8. Kim Y, Lee H, Jung W, et al. Epidemiology and risk factors of hepatocellular carcinoma: A global perspective. J Hepatology. 2022; 77: 812-827.