

Question 12 – Week of January 25

53-year-old man with history of alcohol abuse and HCV comes in for evaluation of progressive abdominal distension. He is found to have cirrhosis clinically. He has large amount of ascites that is tapped and is found to be negative for spontaneous bacterial peritonitis. CT of abdomen revealed a 3.5cms mass lesion with early arterial enhancement and hypodense appearance on delayed images. His alpha fetoprotein level was 5.2ng/ml. Which of the statements is false.

- A. Surveillance for HCC does not provide a survival benefit to cirrhotic patients.
- B. This imaging is highly suspicious for hepatocellular carcinoma (HCC).
- C. Normal AFP does not rule out HCC.
- D. No further imaging is needed at this time.
- E. The next appropriate step would be to biopsy this lesion to confirm diagnosis.

Answer: E

Mass lesion in a cirrhotic liver on imaging which is otherwise not radiologically characteristic for a hemangioma, is HCC until proven otherwise. A high AFP, especially greater than 200ng/ml is also considered HCC until proven otherwise. However, AFP can be normal in up to 20% of HCC cases. Given the characteristic imaging of a hypervascular lesion with hypodensity on delayed imaging no further imaging is required to further characterize the lesion. AASLD guidelines do not recommend biopsy of a 2cms or greater mass lesion that has typical radiological features of HCC on any one imaging study. Lesions between 1-2cms which do not have a typical radiological feature of HCC on two dynamic imaging studies need to be biopsied and lesions <1cms need follow up imaging. The evidence of survival benefit among cirrhotics from surveillance with abdominal ultrasound and AFP every 6 to 12 months, for HCC is equivocal. Currently, there are no RCTs that distinctly show a survival advantage however uncontrolled studies have suggested that survival is improved and many observational studies have reported that HCC is diagnosed at an earlier stage in patients who received surveillance. Surveillance of HCC is a class IB recommendation that is also currently endorsed by the AASLD.

References:

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4. Sangiovanni, A, Del Ninno, E, Fasani, P, et al. Increased survival of cirrhotic patients with a hepatocellular carcinoma detected during surveillance. *Gastroenterology* 2004; 126:1005.
5. Leykum, LK, El-Serag, HB, Cornell, J, Papadopoulos, KP. Screening for hepatocellular carcinoma among veterans with hepatitis C on disease stage, treatment received, and survival. *Clin Gastroenterol Hepatol* 2007; 5:508.