



# HCC CASE

Fahad Ibnshamsah

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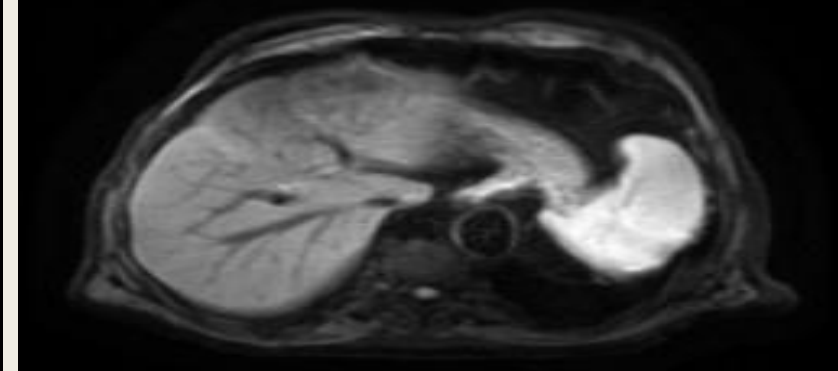
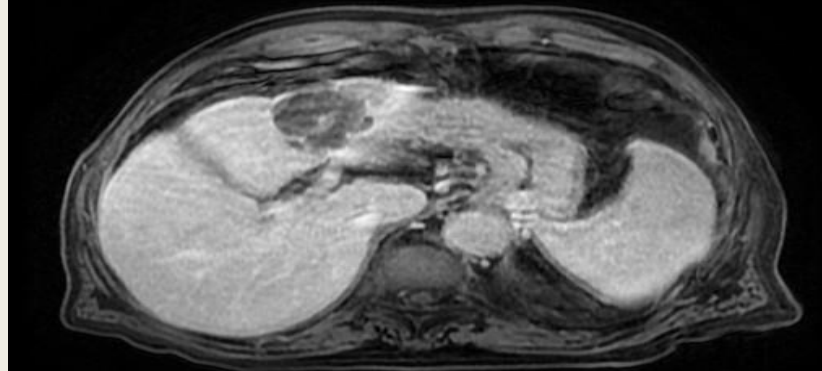
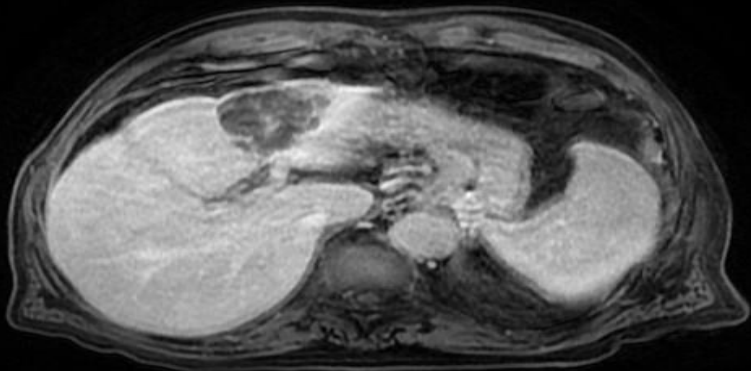
# Case Presentation

- An 81 years old Gentleman, diagnosed to have Advanced HCC in a background of liver cirrhosis, post TACE at outside facility in March 2021.

# Radiological Assessment

## MRI Liver (Jan. 2022):

- Liver cirrhosis, with a large lesion seen in segment II and III, representing HCC, with small area of mild progressive enhancement in post contrast study with no washout.

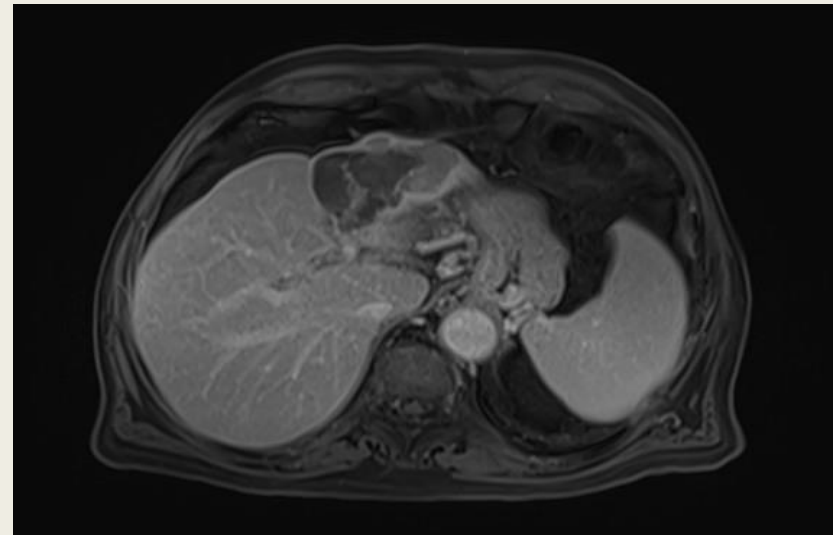
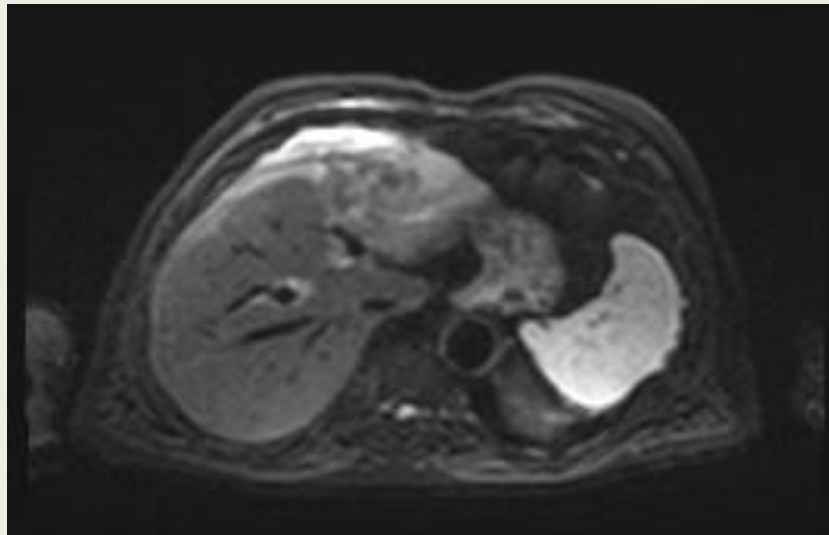
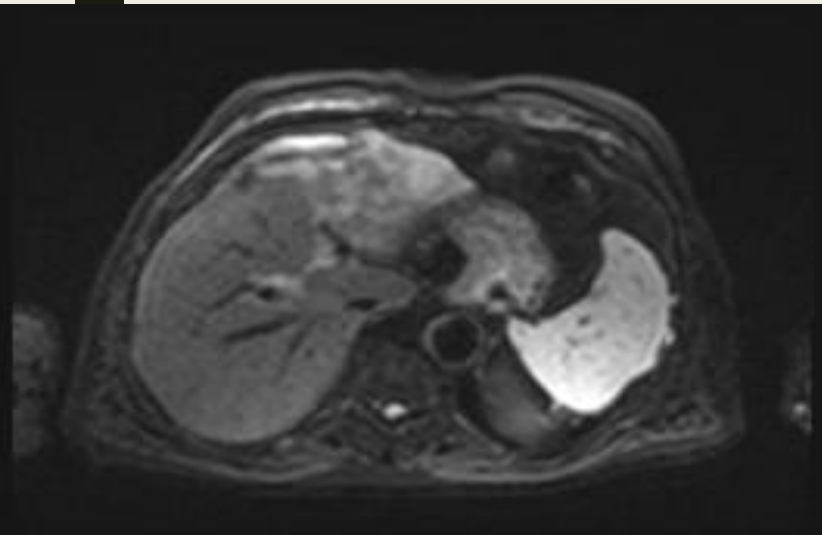


- He was evaluated at KFSHD and discussed in Liver Tumor Board in January 2022, surgical option was reviewed but he was deemed non operable for the liver residual tumor.
- A trial of TARE was failed then he underwent RFA (March 2022).

# Radiological Assessment

## MRI Liver (May 2022):

- Cirrhotic liver with signs of portal hypertension.
- Post radiofrequency ablation of segment II observation demonstrate residual enhancing tumor compatible with LR-TR viable.

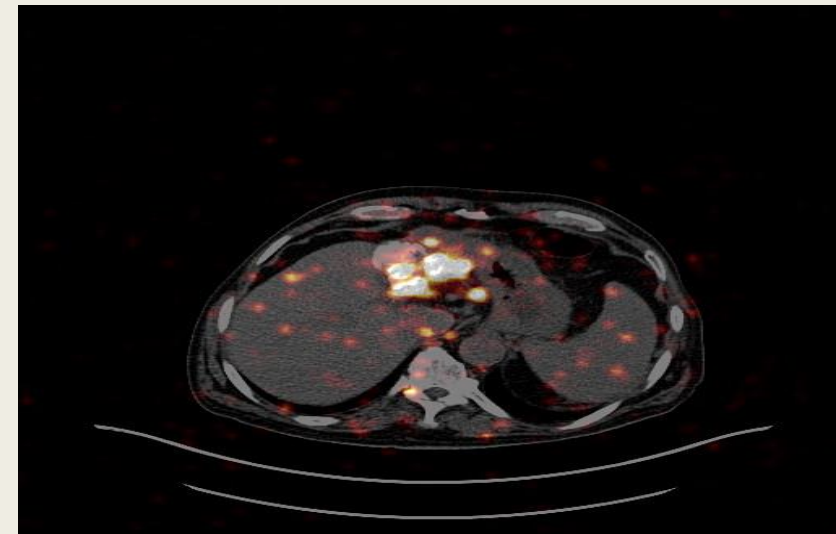
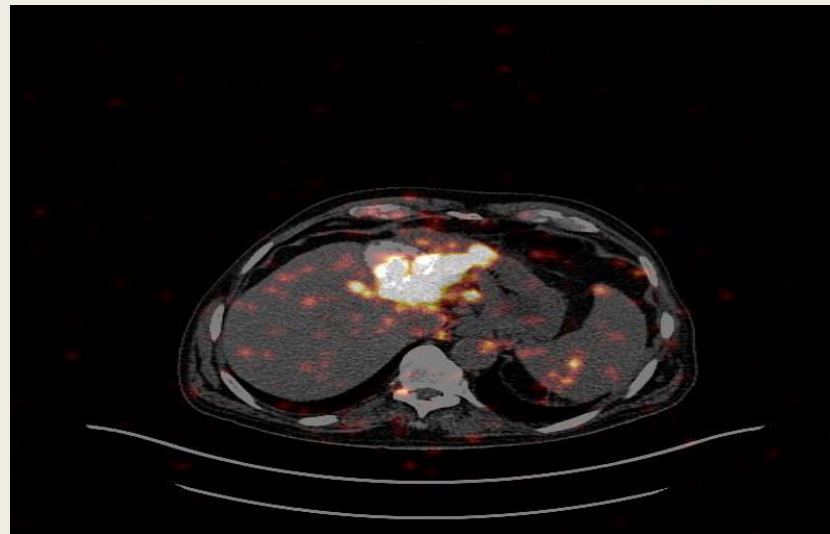
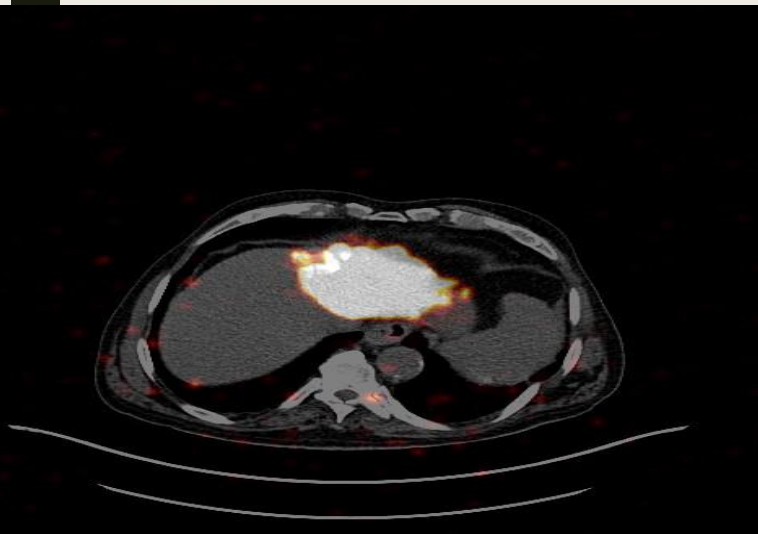


- With disease progression, 2<sup>nd</sup> trial of TARE was attempted (June 2022).

# Radiological Assessment

## PET scan (June 2022):

- There is intense Y90 SIR-Spheres uptake localized to left hepatic lobe corresponding to partially calcified lesion on CT scan.
- There is no definite Y90 SIR-Spheres accumulation anywhere else.
- Scattered artefacts noted.





# Radiological Assessment

## CT Chest, Abdomen & Pelvis With Contrast (Aug. 2022):

- Cirrhotic liver with signs of portal hypertension.
- Post radio-embolization of segment II/III observation with mild interval progression of viable tumor ( LR-TR viable) with progression of exophytic component which is inseparable from the gastric antrum without definite invasion.
- There are three observations in segment IV and VII compatible LR-3, for follow-up



# Clinical Assessment



**Aug. 2022:**



- An 81 years old Gentleman, known to have HTN, diagnosed to have Advanced HCC in a background of liver cirrhosis, post trials of local therapies, with Child class A, ECOG 1.



**Plan:**



To start palliative Atezolizumab/ Bevacizumab,  
EGD showed mild gastric varices, with minimal risk of bleeding.

# Clinical assessment

The patient received 5 cycles during September-December 2022:

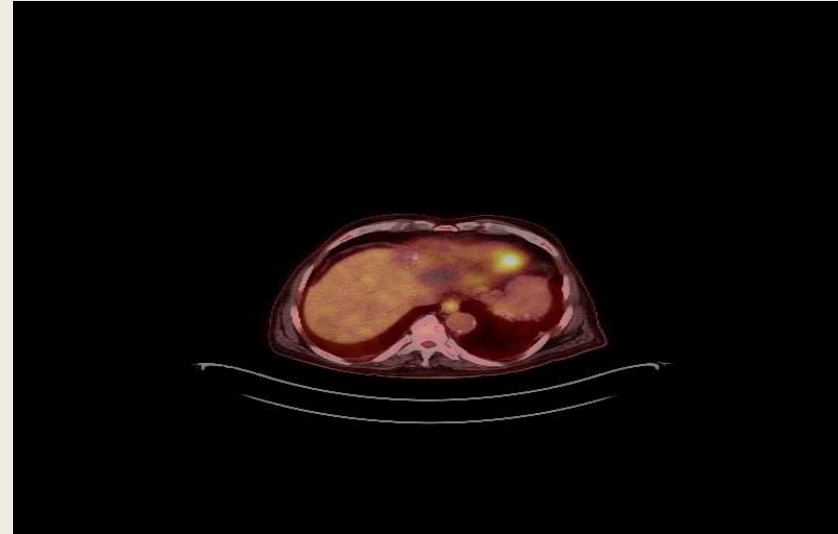
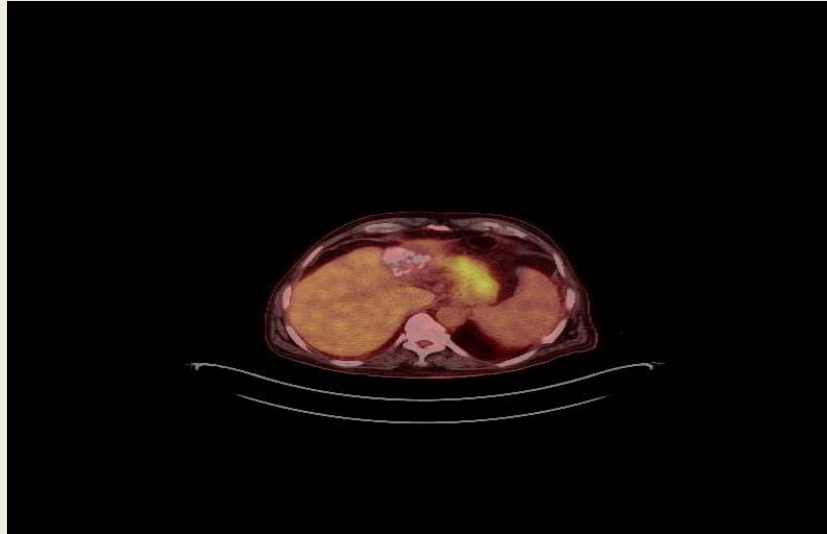
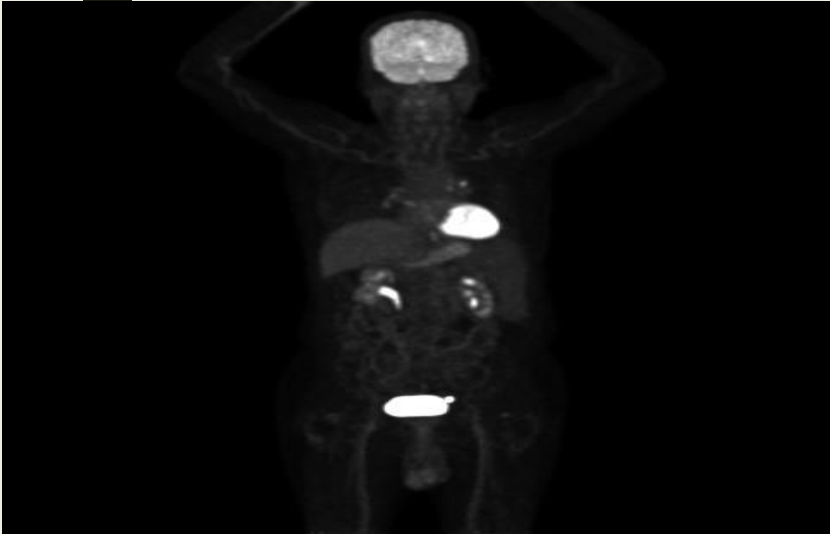
Clinically: doing well, no new symptoms,

No more abdominal pain

BP 140/85

AFP dropped from 310 ng/mL in Aug to 19 ng/mL in Dec.

## Radiological Assessment (Jan 2023)



No evidence of metabolic active focal liver lesion,  
regional lymphadenopathy or distant  
metastases

PET/ CT Whole Body Scan

# Further Plan

Continue Atezolizumab/ Bevacizumab.

Reimage in 3 months.

Thank you,