

Conference Abstracts

An Unusual Case of Incidentally Discovered Metastasis of Hepatocellular Carcinoma to the Bone

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Introduction

Despite skeletal spread being the third most common manifestation of metastasis, it is usually considered a rare occurrence in cases of hepatocellular carcinoma and accounts for a quarter of extrahepatic metastases. Bone metastases secondary to HCC are most commonly located in the thoracic and lumbar spine regions. Early detection of HCC metastasis is crucial regardless of specific extrahepatic manifestation but has a notably poor prognosis in HCC patients with bone metastasis. Our report details the case of a 63-year-old patient with hepatocellular carcinoma, with known barriers to receiving treatment, who was subsequently found to have an incidental left iliac mass on imaging following initial suspicion for esophageal metastasis.

Case Discussion

A 63-year-old male with a past medical history of hepatocellular carcinoma, alcoholic liver cirrhosis, Hepatitis C, hypertension, diabetes, and esophageal varices was diagnosed with hepatocellular carcinoma in 2016 and received radiofrequency ablation in 2016 and 2017 as initial management, with no recurrence noted during that period. He had a normal AFP level in 2020, and subsequent imaging studies up until 2022 were indicative of stable hepatic lesion size. The October 2022 CT triple-phase study saw an

interval increase in hepatic lesions. The patient was unable to receive further treatment due to financial difficulty and was hospitalized in September 2023 due to complaints of abdominal pain and fatigue. Past studies have demonstrated an association between bone metastases in the context of diffuse or multifocal HCC and chronic Hepatitis B and C infections, and our patient happened to have been previously treated for chronic Hepatitis C infection in 2017 before presenting with left iliac metastasis in 2023. Though he had previously received two rounds of radiofrequency ablation treatment early on during his HCC course, with stability of hepatic lesions noted for some years onwards, the patient had been unable to follow up for therapy. In our patient's case, socioeconomic barriers were a primary hindrance preventing the patient from maintaining treatment over the years. Extrahepatic metastases tend to be more common in those who have advanced-stage primary tumors, defined as being >5 cm with large vessel vascular invasion. In our patient's case, the liver mass's last reported dimensions were 1.6 x 2.5. Additionally, skeletal metastasis in relation to HCC occurs less frequently, and most cases of skeletal metastasis manifest in the vertebra as opposed to our patient's iliac metastasis.

Conclusion

In summation, this patient's case of HCC is notable not only due to its unorthodox metastatic pattern relative to the size of the tumor burden, but also brings to light disparities in cancer care given the socioeconomic barriers faced by this patient, which impeded further treatment of his

hepatic lesions. In an underserved border town region such as Laredo, Texas, complex oncologic care can often be a challenging field to navigate for patients, with such factors as financial difficulties and undocumented status serving as barriers to the continuity of receiving higher level of care.