

INTRODUCTION

- Hepatocellular carcinoma (HCC) is the most common malignant tumor of the liver.¹
- Hepatitis B virus infection is one of the most important etiological factors of HCC,²
- India which is an endemic zone for hepatitis B, there has been no comprehensive analyzed data for HCC.³
- HCC is a terminal, yet preventable, outcome of untreated infection with hepatitis B virus (HBV).⁴

CASE PRESENTATION

Chief Complaints

- 40 years old male with one-month history of slowly progressive weight loss and intense itching all over body

History of Present Complaints

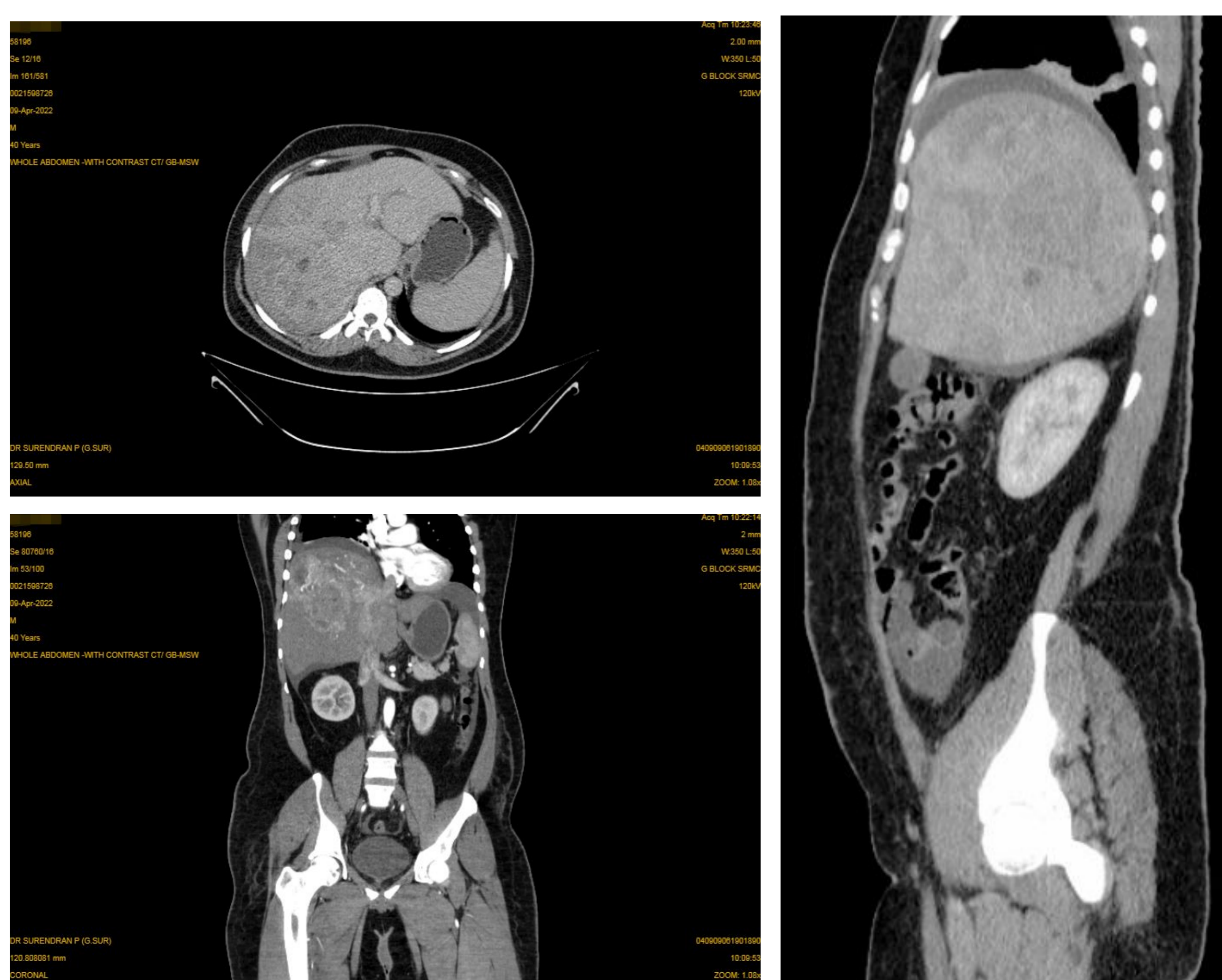
- H/o occasional abdominal pain and breathing difficulty
- No H/o bleeding manifestations
- No other signs of liver failure

Objective Findings

- **Physical exam:** Tenderness at right hypochondriac and right lumbar region, BMI: 33.2 kg/m²
- Pain Score was 2 and Total Braden Score was 22
- **Lab investigations:** On routine examination the patient found to be **HBsAg (+)**. On further serological investigations an altered Liver Profile and highly raised AFP (1142 ng/mL) was found.
 - Minimal ascites
 - **Transthoracic ECG** revealed mass at the junction of IVC to RA
 - **USG Thorax** revealed moderate Rt. sided Pleural Effusion
 - **CT-Whole Abdomen** revealed features of Hepatocellular Carcinoma changes in V, VI, VII, VIII segments.

Diagnosis

- Hepatitis B-associated Hepatocellular Carcinoma with Pleural Effusion



MANAGEMENT AND OUTCOME

Admitted and started with **Oral Antiviral, Biliary agents, Antihistamines, IV Pain killer and B Vitamins**

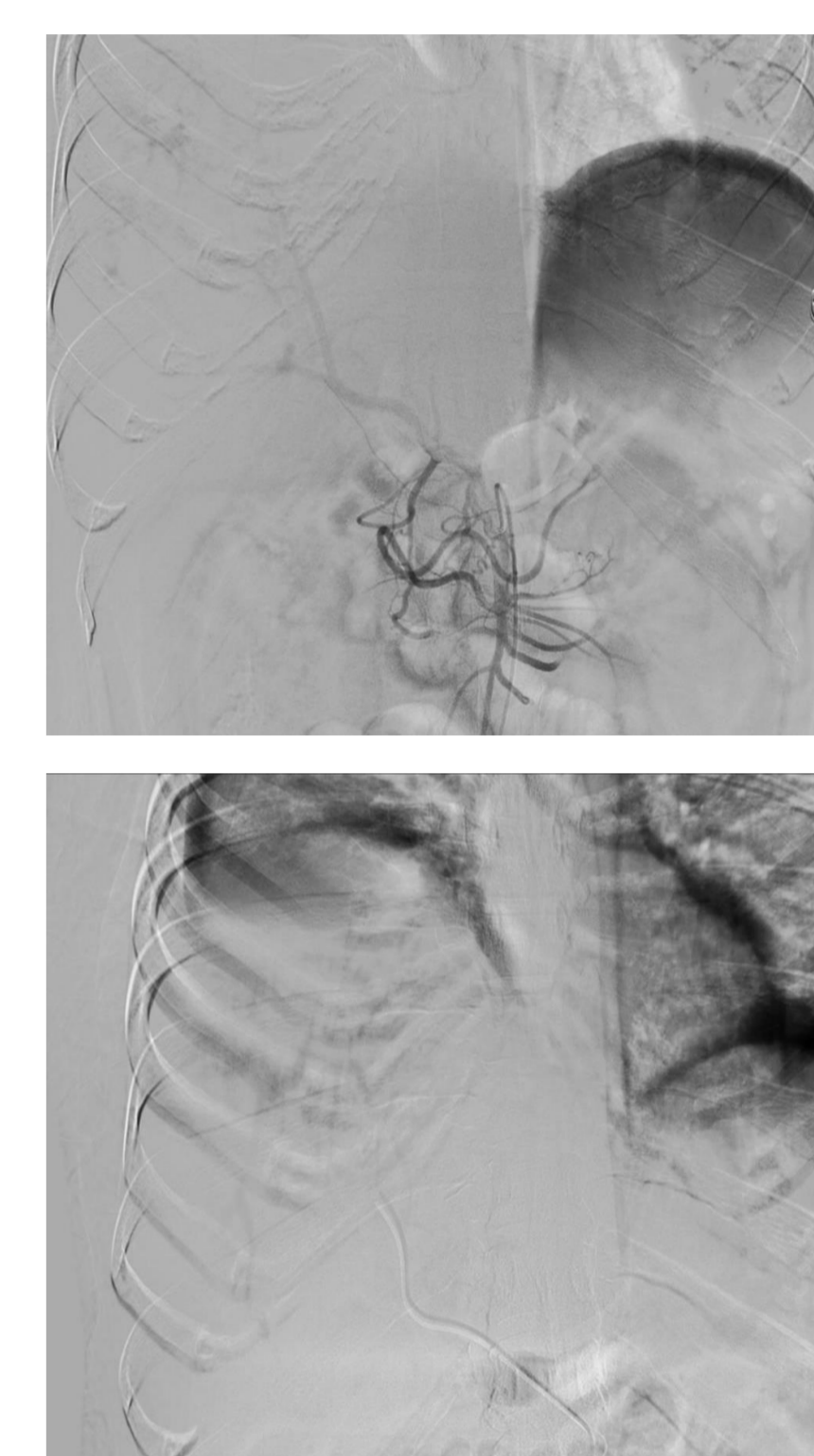
On the 5th day after all screening subjected to **TACE**

Patient was stable and symptomatically improved so discharged and kept on **systemic therapy**. last seen on 27th April 2022

Post TACE Syndrome with fever and mild hypoxia at rest was managed well without requirement of oxygen therapy

INVESTIGATIONS CHART

Test Name	18.04.22	21.04.22	23.04.22	Units
Hb	11.9	-	12.2	gm/dL
PT/INR	17.2/1.44	17.7/1.48	18.9/1.59	
PTT	12.2	23.9	25.4	
AFP	1142	-	-	ng/mL
Bilirubin T.	1.67	-	2.12	mg/dL
Bilirubin (DIR)	0.67	-	1.13	mg/dL
GGT	139	-	-	U/L
SGOT	261	-	471	U/L
SGPT	153	-	177	U/L
A:G	1.00	-	0.80	
Alk. Phos.	194	-	199	U/L



CONCLUSION

- The patient was much better in his last visit and advised for monthly follow up
- Though the blood parameters are still in abnormal range, with time and proper treatment these can also be better as it's a very recent case
- This case is an example that screening is very important in every cases because Viral Hepatitis complications like hepatocellular carcinoma are very common and lethal but if diagnosed early and treated properly than we can hope for a good outcome.

ACKNOWLEDGEMENT

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REFERENCES

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