



Clinical Image

Hepatocellular Carcinoma With Pleural Metastases Without Residual Liver Tumor Diagnosed by Pleuroscopy

Carcinoma hepatocelular con metástasis pleurales y sin tumor hepático residual diagnosticado mediante pleuroscopía

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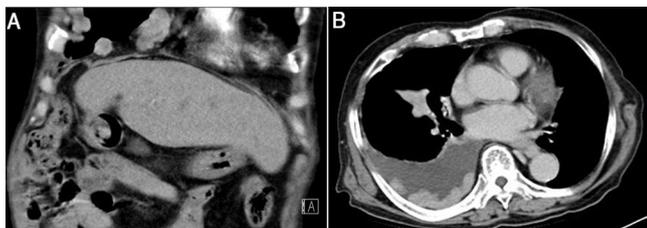


Fig. 1. A and B: In A abdominal computed tomography showing no local recurrence over the liver, and in B chest computed tomography showing multiple right pleural masses with moderate pleural effusion.

A 80-year-old man had history of hepatocellular carcinoma (HCC) status post right lobectomy of the liver; and prostate cancer, status post hormone therapy and radiotherapy. Elevation of alpha-fetoprotein (AFP) to 51.13 ng/mL was noted during follow-up. The abdominal computed tomography (CT) yielded no local tumor recurrence over the liver (Fig. 1A). Unexpectedly discovery of right pleural effusion with a lot of pleural masses was found (Fig. 1B). The supplemental tumor markers of his prostate specific antigen (PSA) level was 0.661 ng/mL (within normal range). Repeated thoracentesis for pleural effusion cytology and cell-block yielded negative for malignancy cell. Then, we performed a pleuroscopy, and a lot of cobble-like and protruding pleural masses are found (Fig. 2A). Peural masses of different sizes are revealed (Fig. 2B). Biopsy was performed and the pathology report showed carcinoma with hepatic origin (positive for arginase-1, hepar-1 and negative for calretinin).

The most common extrahepatic metastatic sites of HCC are lung, abdominal lymph nodes, adrenal gland and bones¹. The pleural metastasis of HCC is rare. Most case with pleural metastasis

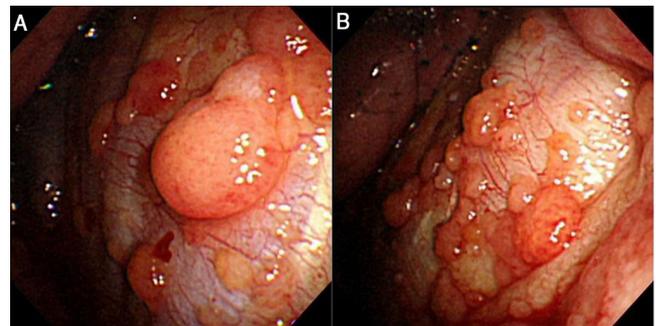


Fig. 2. A and B: In A and B pleuroscopy shows multiple cobble-like and protruding pleural masses of different sizes.

also combined with direct liver tumor invasion to chest wall with hemothorax^{2,3}. We report a case of pleural metastasis of HCC without direct invasion nor residual liver tumor. Our case was finally diagnosed by pleuroscopy biopsy.

References

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