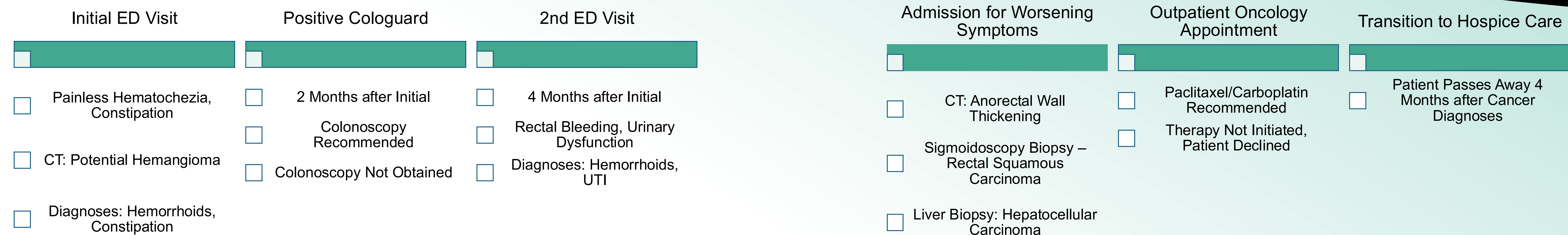


Rare Case of Synchronous Dual Primary Malignancies in a Patient with Chronic Hepatitis C

Timeline



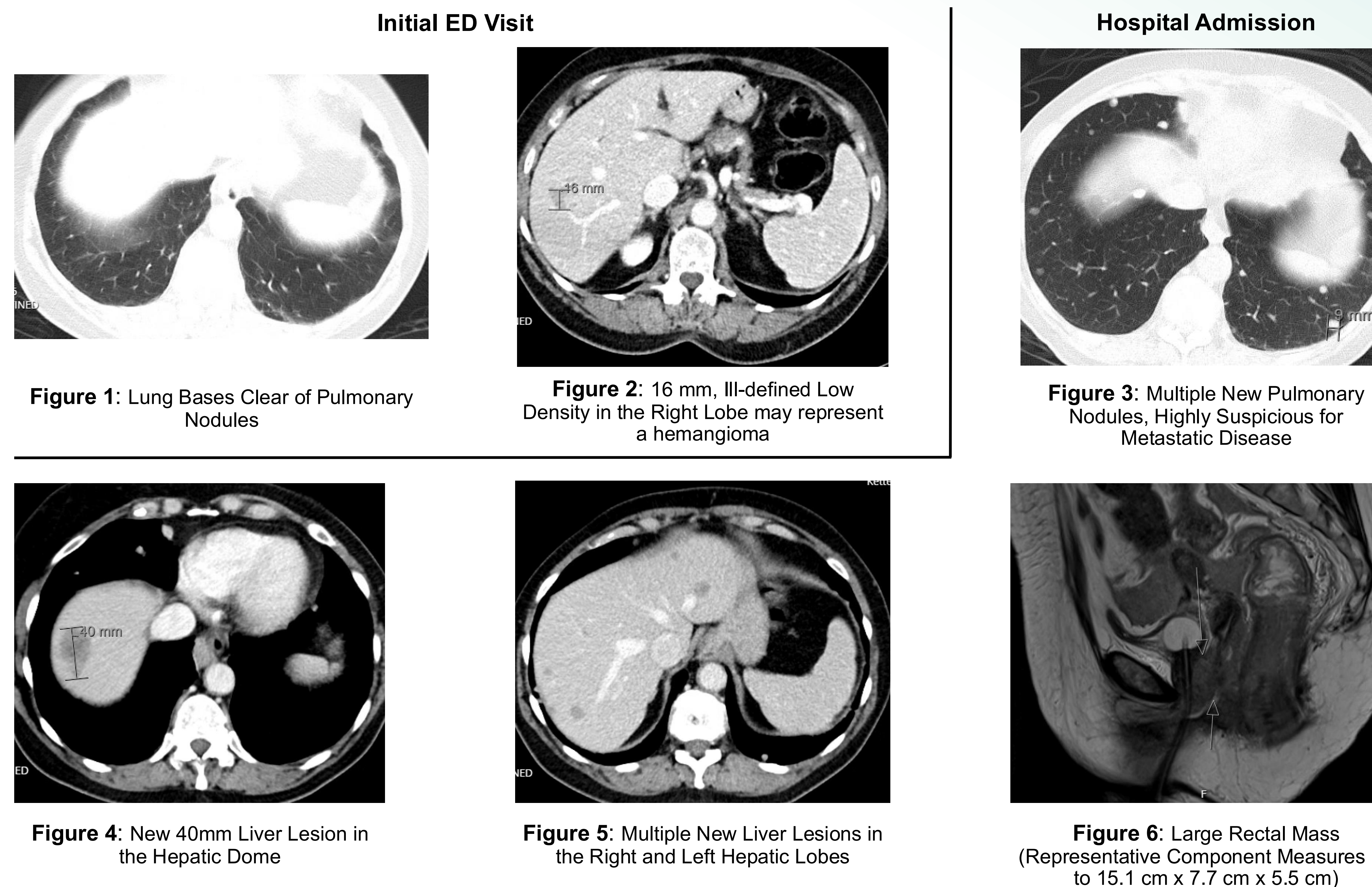
Introduction

- Liver metastasis in colorectal cancer is seen in 45-50% of cases, with liver metastasis being discovered during the initial diagnosis in 15-25% of cases¹
- The rarity of diagnosing two primary malignancies, as in this case colorectal cancer and hepatocellular carcinoma, is rare, occurring in 0.73–11.7% of cases²
- Nonspecific initial presenting symptoms that overlap with a known past medical history can further delay diagnosis

Case Description

- Female in her 70s
- Past Medical History
 - Chronic Hepatitis C (Previously Receiving Sofosbuvir/Velpatasvir)
 - Opioid-Induced Constipation
 - Hemorrhoids
- Initial, Nonspecific Symptoms Attributed to Existing Medical Conditions
- Hospital Admission for Worsening of Symptoms
- CEA (3.8), CA 19-9 (0.90)
- Primary Rectal Squamous Cell Carcinoma with Evidence of Metastasis on Imaging
- IR-Guided Liver Biopsy Reveals Primary Hepatocellular Carcinoma
- Diverting Colostomy
- Outpatient Oncology Recommended Paclitaxel/Carboplatin for Metastatic Rectal Squamous Cell Carcinoma
- Chemotherapy Not Initiated Given Patient's Concerns for Not Tolerating Therapy and Experiencing Further Functional Decline
- Patient Expressed Wanting to Pursue Hospice Care
- Patient Passes Away 4 Months after Cancer Diagnoses

Imaging



Conclusion

- Importance of Maintaining a Broad Differential
 - Non-Specific Presenting Symptoms Paired with Known Past Medical Conditions can Mask and Delay Crucial Diagnoses
 - Painless Hematochezia
 - Opioid-Induced Constipation
 - Hemorrhoids
- The Risk of Rectal Bleeding being Attributed to Colorectal Cancer is 2.4%-11%³
 - Symptoms of Benign Conditions can also Overlap with Diagnoses with Serious Consequences
- Primary Care Coordination
 - Transitional Care Management CPT Coding
 - Early Detection and Diagnosis
- Even Post-Antiretroviral Treatment for Hepatitis C, the Development of Hepatocellular Carcinoma remains a risk
- Importance of Histopathologic Confirmation
 - Biopsy for Metastasis Confirmation Revealed a Synchronous Primary Malignancy

References

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2. Maida M, Macaluso FS, Galia M, Cabibbo G. Hepatocellular carcinoma and synchronous liver metastases from colorectal cancer in cirrhosis: A case report. *World J Hepatol*. 2013 Dec 27;5(12):696-700. doi: 10.4254/wjh.v5.i12.696. PMID: 24409337; PMCID: PMC3879692.
3. Olde Bekkink, M., McCowan, C., Falk, G. *et al*. Diagnostic accuracy systematic review of rectal bleeding in combination with other symptoms, signs and tests in relation to colorectal cancer. *Br J Cancer* 102, 48–58 (2010). <https://doi.org/10.1038/sj.bjc.6605426>

Histology

Rectal/Anal Canal Tissue Biopsies

- p16 (strongly positive) and p63 (weak positive)
- Negative Adenocarcinoma and Hepatocellular markers
- Supporting Basaloid-type Rectal Squamous Cell Carcinoma

Liver Biopsy

- Atypical Hepatocytes Positive for HepPar-1 and Glypican-3
- Negative Adenocarcinoma and other lineage markers
- Consistent with Moderately Differentiated Primary Hepatocellular Carcinoma