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A case of hepatocellular carcinoma with solitary metastatic gastric carcinoma. Sachiyo Onishi¹, Shinichi Murata², Masahiro Tajika¹

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A 78-year-old man with history of hepatitis B infection was detected to have an abnormal liver function during his physical examination. After a close examination at our hospital, he was diagnosed with hepatocellular carcinoma. The patient was initially treated with transcatheter arterial chemoembolization (TACE), but due to an allergy to contrast media, it became difficult to continue the treatment, and he was treated with sorafenib. Seven months after initiation of sorafenib, lung metastasis was detected. He was treated with regorafenib and cabozantinib, but metastatic lung tumor increased in size. Immediately after initiation of atezolizumab and bevacizumab combination therapy, he had a melena and emergency esophagastroduodenoscopy (EGD) revealed a duodenal ulcer, which treated with hemostasis. At that time, there were no other lesions that could have been the cause of the bleeding. After 11 month of continued treatment without duodenal ulcer recurrence, he again had a melena and anemia. EGD revealed an elevated lesion approximately 2cm in size in the upper gastric
antrum (fig 1-3). Immunostaining of biopsy pathology showed Hep-par 1 positive, Glypican-3 positive and Arginase-1 positive (fig 4), which led to the diagnosis of hepatocellular carcinoma metastasis. He is currently undergoing palliative radiotherapy for the purpose of hemostasis due to persistent anemia requiring blood transfusion.