中文題目:肝癌腎轉移類似原發性腎癌之案例分享

英文題目: Hepatocellular carcinoma metastatic to kidney mimicking renal cell carcinoma

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**Background:** Metastasis of hepatocellular carcinoma(HCC) may involved in many organ, but rare involved in kidney. We reported a case of HCC, with rare kidney metastasis.

Case presentation: The 79-year-old male patient with past history of only hypertension, presented with left abdominal pain for 2 weeks prior to our clinic. The accompanied symptoms included poor appetite and weight loss. He was a non-smoker, and without consumption of alcohol. The initial biochemistry revealed abnormal only in hemoglobin (11.4 g/dL) and serum creatinine (2.24 mg/dL). The abdominal ultrasound revealed a 6 centrimeter (cm), low echoic tumor over left kidney, and a 9 cm, mix echoic tumor at right hepatic lobe. Serum alpha-fetoprotein (AFP) level was within normal limit. The virological exam also showed negative hepatitis B surface antigen and hepatitis C antibody. Further magnetic resonance imaging (MRI) study showed the tumors of left kidney and right hepatic lobe with intermediate signal intensity on T2-weighted and T1-weighted images. The tumors also showed significant water diffusion restriction and heterogeneous enhancement at the dynamic contrast study. The radiologist diagnosis was renal cell carcinoma with hepatic metastasis. Further computed tomography (CT)-guided biopsy of left kidney tumor was done. The immuno-histochemical study of the tumor tissue showed that the tumor cells were negative for renal cell carcinoma antigen, carcinoembryonic antigen, Glypican-3, CK 7, but positive for hepatocyte paraffin 1 (HepPar-1), CD10 (canalicular pattern). Metastatic HCC was diagnosed by pathology. After confirmation of metastatic HCC, targeting therapy with sorafenib was described. Now, the patient was still alive with continuing sorafenib for 2 months.

## **Discussion:**

HCC metastatic to kidney is rare in literature review[1-5]. The most frequent sites of metastasis were the lung, regional lymph nodes, and musculoskeletal metastases. The renal metastasis from HCC usually unilateral, and not favor right side or left side, according to case report (7 case reports including our's: 3 right side and 4 left side renal metastasis)[1-5]. It's not like the renal metastases from other solid organ tumor, which are generally small, bilateral, and multifocal. The renal function may be normal or impaired when diagnosis, according to case reports(including ours)[1]. AFP may be normal or highly elevated, but high elevated AFP may further ensured the diagnosis of HCC[1].

It's hard to distinguish metastatic renal tumor or primary renal tumor. Contrast enhanced image modalities like CT or MRI may helped to distinguish since HCC had typical enhanced pattern with early enhancement at arterial phase and early wash out at portal venous phase. AFP level is another

tool to distinguish since AFP level will only be elevated in HCC, but not in primary renal tumor. However, in our case, without typical HCC enhanced pattern and normal AFP level made the initial diagnosis of primary renal tumor with hepatic metastasis. Pathological diagnosis via core needle biopsy or surgery was usually necessary under the situation. Once the diagnosis of HCC with kidney metastasis was made, the prognosis for most patients was extremely poor and sorafenib was the favorable treatment.

## **Reference:**

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