

## **68. THE DEVELOPMENT OF HEPATOCELLULAR CARCINOMA IN CHRONIC VIRAL HEPATITIS C AFTER INTERFERON-FREE REGIMEN ADMINISTRATION: A CASE REPORT**

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**Introduction.** Hepatocellular carcinoma (HCC) is a malignant tumor of the liver, primarily due to liver cirrhosis or chronic hepatitis. It is the fifth most common malignancy with highest incidences in Africa and Southeast Africa. The tumor may manifest with weight loss, jaundice, or ascites. A 5-year-survival rate is approximately 20%. The aim of the study is to present a case of hepatocellular carcinoma appeared in the evolution of chronic viral hepatitis C treated with Interferon-free antiviral regimen, and to set the focus on screening methods for patients with chronic viral hepatitis. Thus, early detection can be accomplished, and proper treatment is initiated.

**Case presentation.** We present the case of a 72-year-old patient with known chronic viral hepatitis C with sustained virological response after 12-week treatment, and with prostate adenocarcinoma treated with chemotherapy and radiotherapy (2020), admitted with intermittent abdominal pain in hypogastrium and 3-4 bowel movements per day with fresh blood and blood clots. Paraclinical investigations showed a severe form of hypochromic microcytic anemia and the investigations performed diagnosed a radiation colitis, for which treatment with Hydrocortisone enemas, 5-Aminosalicylates, fresh frozen plasma and blood transfusions were administered with an improvement in the symptomatology of the patient. Ultrasound showed a 38 mm focal hepatic lesion in the 6th segment, suggestive for HCC. MRI examination with Gadolinium showed similar characteristics for HCC, with early arterial washout, together with retroperitoneal and retrocruial lymphadenopathies. Alpha fetoprotein was within normal range.

**Discussion.** Ultrasound-guided Tru-cut biopsy was performed with the confirmation of moderately differentiated HCC (G2). The treatment recommended was sorafenib according to Barcelona Clinic Liver Cancer classification taken also into consideration the good clinical status of the patient.

**Conclusion.** Current guidelines suggest that screening for HCC is recommended in patients with chronic HCV accompanied by cirrhosis or advanced fibrosis, despite antiviral treatment associated with sustained virological response. The particularity of the case represents the presence of HCC with normal tumor markers, in a patient previously diagnosed with chronic hepatitis C, without the presence of fibrosis. Thus, clinicians should comply with HCC screening guidelines for early detection of HCC in these patients.