

A Study of Profile of Hepato-Cellular Carcinoma

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Abstract

HCC is the one of the most common of cancers and now according to world statistics it accounts for fifth most common types of cancer in the world. The mortality is very high and it second leading cancer in terms of cancer-related mortality in the world. The frequency has been on a study rise in the last one or two decades. It is one of the serious malignancies and has one of the worst prognoses in terms of morbidity and mortality. The numbers are expected to increase in the next decade or two as more and more urbanisation and industrialisation are happening thus indirectly leading to life style modifications. Liver is the mainly concerned with the metabolism and it is easily targeted as it is the first line of defence or contact as far as the ingestion is concerned. Toxic environment is one of the most important causes. With increase in the incidence and prevalence of the toxic substances being ingested and also the unhealthy life style followings is being practised, more number of cases is expected to encounter. If global scenario is considered then higher incidence is reported in the developed and industrialised nations. This study puts in an effort to profile the Hepato-Cellular Carcinoma cases.

Keywords: Hepatocellular, Carcinoma, Lifestyle, Retrospective, Profile.

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INTRODUCTION

Around half to one million new cases of hepato-cellular carcinoma are being diagnosed every year [1]. It is more common in the east and also is more common in urbanised areas [2]. Around 8 million cases died due to cancer related illness in 2012[3]. Available data indicates that the Age-Adjusted Incidence Rate (AAIR) for men is more than females [4]. Male-to-female ratio is approximately 4:1. HCC constitutes 4.8% of all cancers. Median age of presentation of Indian patients with liver cancer has been noted to be 40-70 years. Cirrhosis of liver primary or secondary to Alcohol liver disease has been noted in around 85 per cent of patients. Hepatitis B virus infection has been linked and documented as the causative agent in majority [4-10]. In India, Chronic Hepatitis B infection (CHB) has been reported to be the leading cause of the disease [11-14]. The frequency has been on a study rise in the last one or two decades. It is one of the serious malignancies and has one of the worst prognoses in terms of morbidity and mortality. The numbers are expected to increase in the next decade or two as more and more urbanisation and industrialisation are happening thus indirectly leading to life style modifications. Liver is the mainly concerned with the metabolism and it is easily targeted as it is the first line of defence or contact as far as the ingestion is

concerned. Toxic environment is one of the most important causes. With increase in the incidence and prevalence of the toxic substances being ingested and also the unhealthy life style followings is being practised, more number of cases is expected to encounter. If global scenario is considered then higher incidence is reported in the developed and industrialised nations.

AIMS AND OBJECTIVES

The aim of the study is to build a clinical profile of patients suffering from Hepato-Cellular Carcinoma.

MATERIALS AND METHODS

This study was done in the Department of Medicine, Srinivasa Institute of Medical Sciences, and Mangalore

This study was done from January 2018 to June 2019. This study was done in 30 confirmed cases.

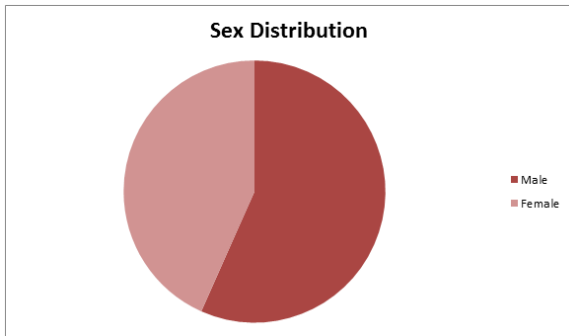
Inclusion Criteria

Histological/Pathological -proven cases.

Exclusion Criteria

Secondaries in the liver of a previously known primary

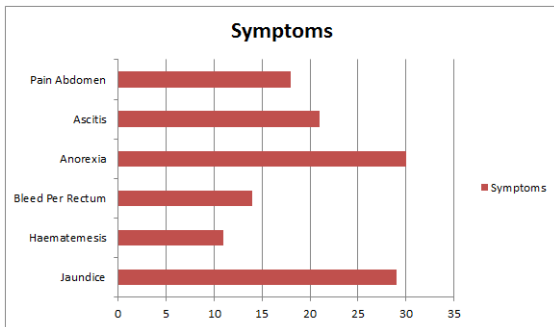
RESULTS



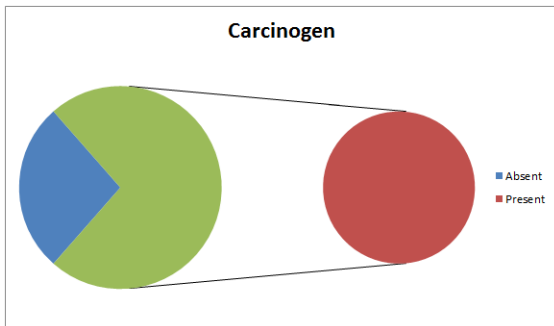
Graph-1: Sex Distribution

Table-1: Age Distribution

Sex	Male	Female
	41.34±11.76 years	67.87±6.27 years



Graph-2: Presenting Symptoms

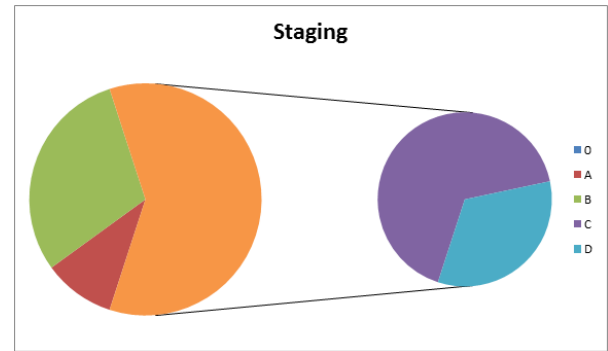


Graph-3: Known Carcinogen

Table-2

Habit	Frequency
Hepatitis B	05
Drinking	19
Other Hepatitis	2
NASH	01

Mean AFP was found to be 471 ng/mL.
 Mean Serum ALP was found to be 3.27 ULN
 Mean Serum bilirubin was 3.95 mg/dL



Graph-4: BCLC Staging

DISCUSSION

In our study the males were predominant. There were 17 males and 13 females. The predominance of sex can be mainly due to the fact that they are the dominant sex and go outside for work where they will be exposed to a variety of factors that may directly or indirectly cause the disease. Also the fact that they have a tendency to practice Habits Drinking and in our country where males that are the sole bread winners often go from place to place in search of work leaving behind family so the chances of involving in unprotected sex is high giving rise to a situation where in they are more exposed to Hepatitis B and also the immunization programme against this is not taken seriously. The male population face this problem in the fourth decade life and the females suffer from this more in the sixth and seventh decade as suggested by this study. Jaundice and bleed secondary to the portal hypertension is the most common symptoms. Anorexia was one more common symptom.

When our study was compared to a similar study conducted by Premaletha Narayanan *et al.* [15]. Our study stands in agreement with the other study conducted by Premaletha Narayanan *et al.* [15]. Male-to-female ratio was 1.5:1. Majority presented with symptoms of decompensation of CLD presentation. Abdominal pain or discomfort was the dominant symptom in 30% patients followed by loss of appetite in 88% of patients. Symptom duration was less than 8 weeks as seen by most other Indian studies. Alcohol was the leading cause of cirrhosis (57.4%) in our study. One of the striking outcomes of our study is the observation that NAFLD is the second common cause of chronic liver disease in HCC patients observed in 27 (32.13%) patients. The prevalence of HBV positivity in Indian HCC patients ranges between 36-74%.9, 16 However, we noted only 8.3% of our patients with HCC being HBsAg positive. Two patients had HCC in the background of HCC related cirrhosis. Serum AFP was raised to more than 400 ng/mL in 25% of our patients. Majority of the lesions had bulbar involvement (71.62%) with 64.2% patients had lesions in the range of 2-5 cm. Only 20 patients (23.8%) had lesions above 5 cm diameter. Portal vein thrombosis was present in 26 (30.9%) individuals. Most of the patients in our study belonged to BCLC stage B and stage C.

CONCLUSION

Clinical profile of patients suffering from Hepato-Cellular Carcinoma has been successfully built. This study is intended to help the clinicians understand the severity and the patient profile so as to start the prompt treatment as soon as possible. The stage of the disease tells us a lot about the prognosis of the patient.

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