



8TH - 10TH NOVEMBER, 2024 | GRAND HYATT MUMBAI

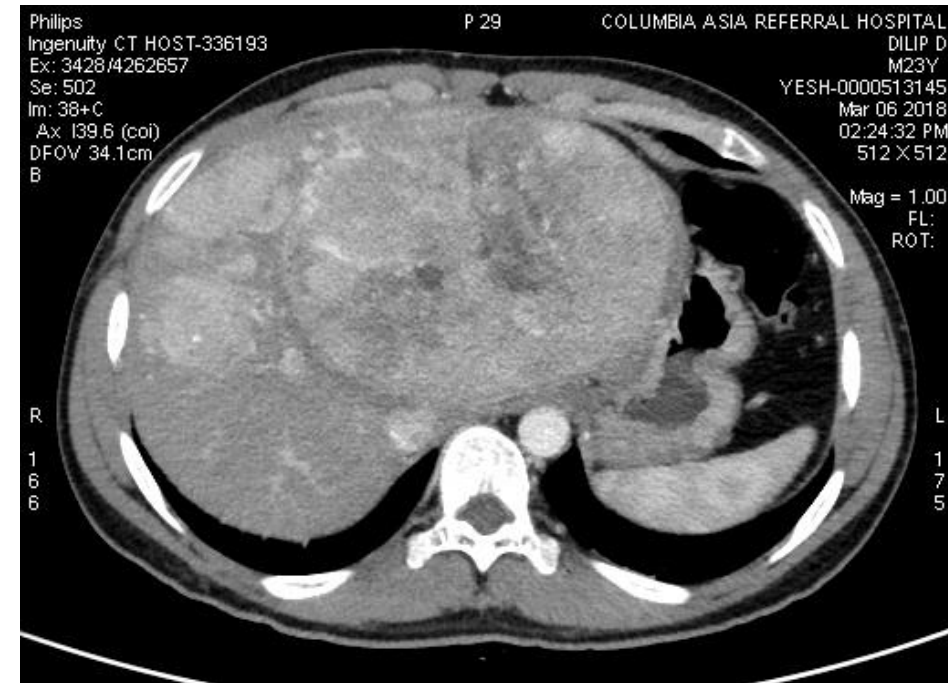
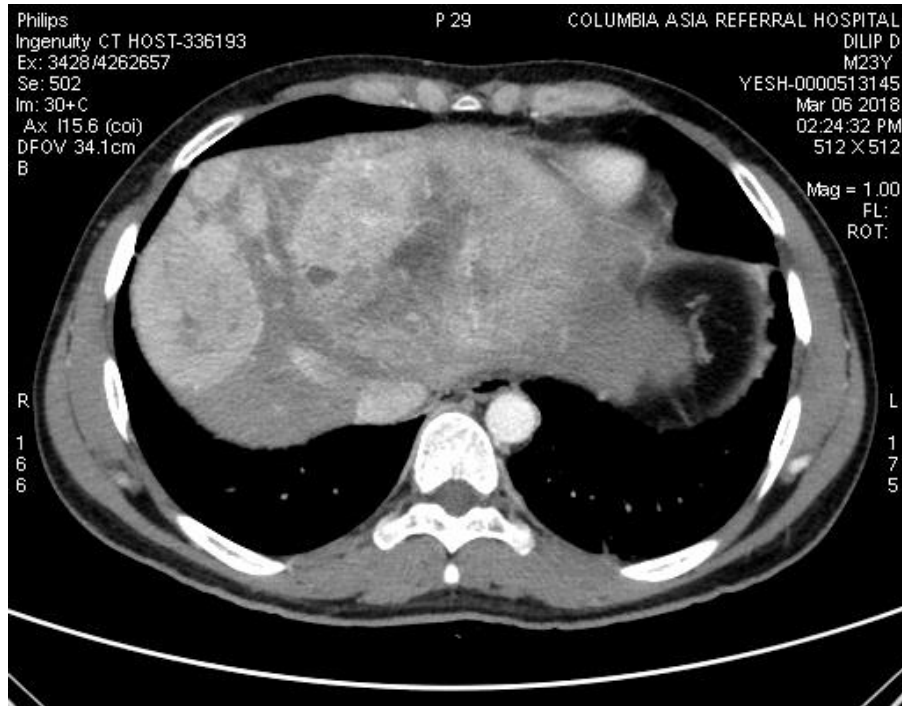
Registration number: 566

Title of the presentation: Successful Management of Hepatocellular Carcinoma in a Young Adult with CTNNB1 Mutation: A Multimodal Approach Using TACE and Surgical Resection

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CASE REPORT

- 24 Year old gentleman, guitarist by profession
- Apparently normal till February 2018 when he developed severe right sided abdominal pain radiating to right shoulder.
- Mild loss of weight and dyspepsia from Nov 2017.
 - ❖ No loss of appetite, jaundice or fever
 - ❖ No intake of alcohol, smoking, drugs or toxins
 - ❖ No significant past medical/ surgical history
 - ❖ No history suggestive of malignancy/ hepatitis/other significant diseases in the family
- Serum AFP – 0.73 IU/ml
- Viral markers – negative

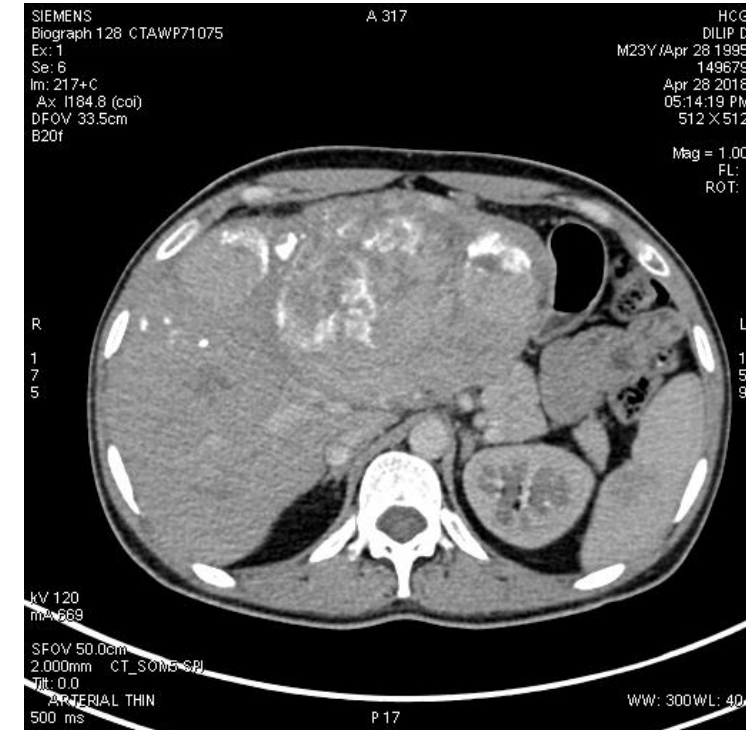
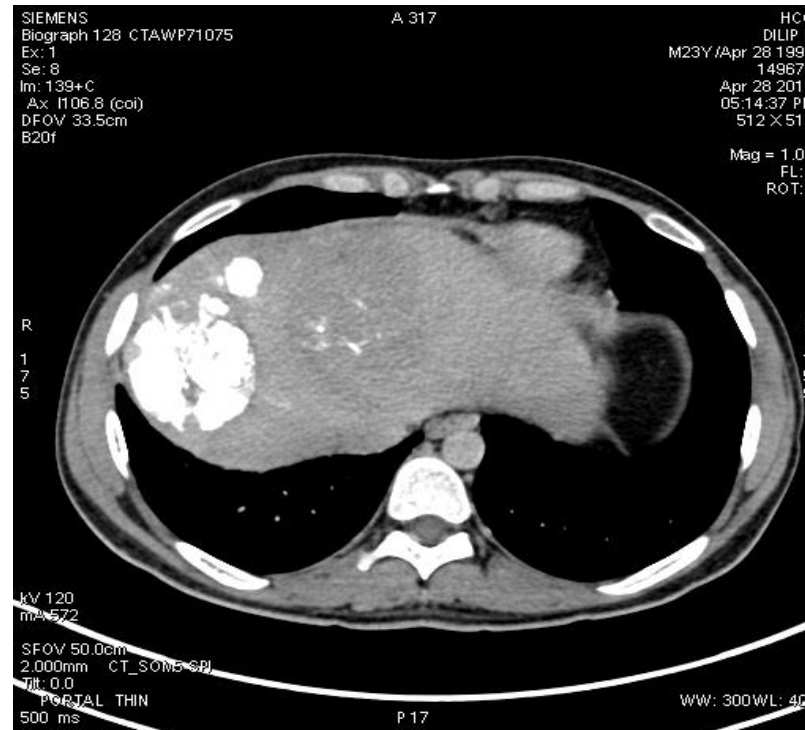


Multiple fairly defined lobulated heterodense arterially enhancing masses in both lobes of liver with areas of necrosis and attenuation of left hepatic vein and left portal vein with extrinsic compression of main portal vein - ?multifocal HCC

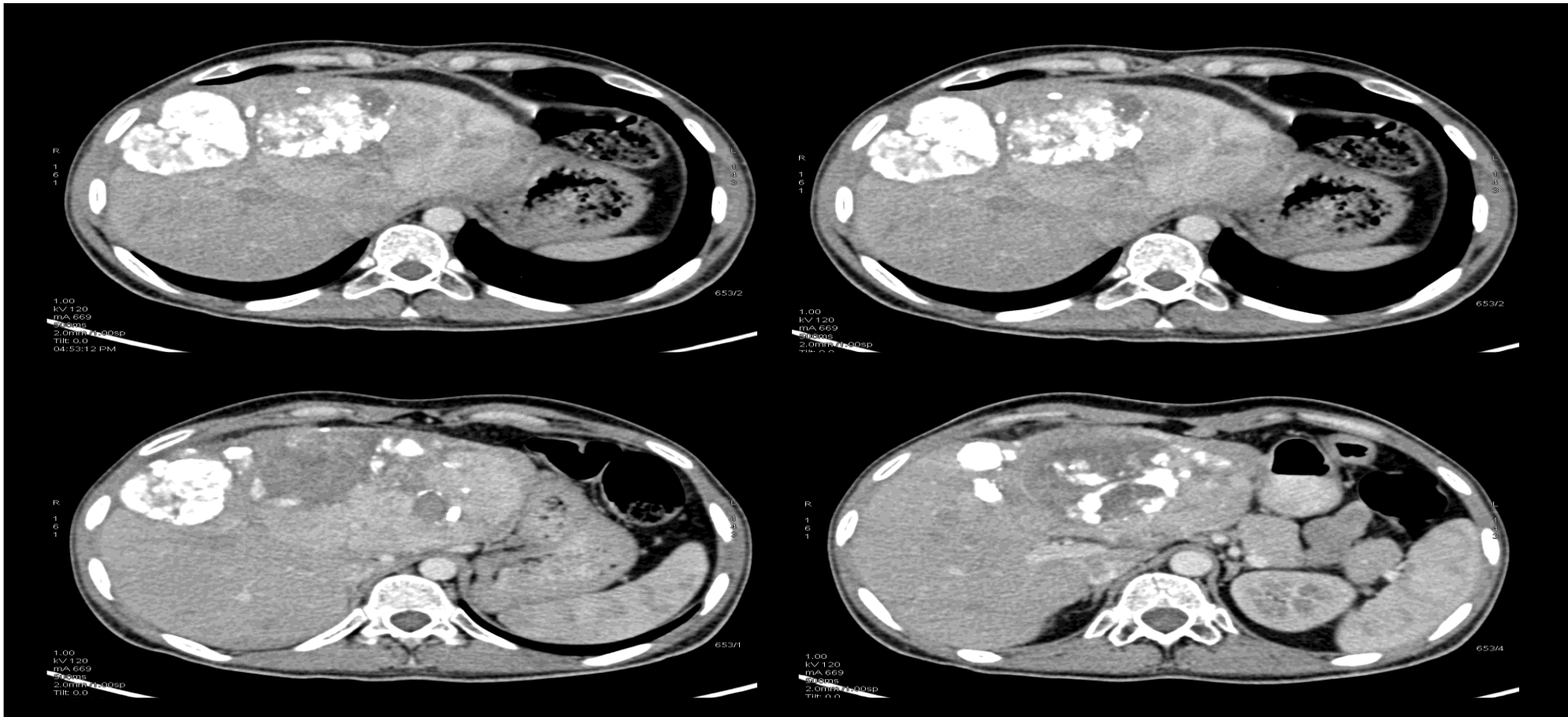
- Proceeded with biopsy – HPE results came as well differentiated hepatocellular carcinoma
- Samples also sent for genetic studies



C-TACE- Lipiodol+Doxurubicin



Follow up CT scan revealed multiple well defined enhancing lesions in both lobes of liver with variable lipiodol deposition and internal necrosis

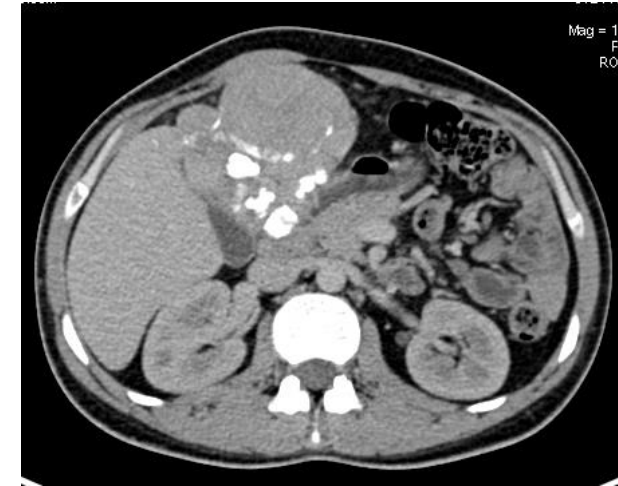


- Reviewed after 1 month, patient was doing better.
- No new complaints
- AFP – 1.23IU/ml
- Second cycle of TACE was planned and done on 21-06-18, 3 months after the first cycle of TACE
- And third cycle of TACE on 03-10-18

- The report of genetic testing(56 genes) and was detected to have a mutation in CTNNB1 gene(leads to accumulation of Beta Catenin and activation of WNT signaling pathway)
- Sorafenib which is approved by FDA for treatment of hepatocellular carcinoma is shown to inhibit WNT/Beta catenin in tumor cells
- He started to have adverse reactions like rashes, flushing and later he got significant diarrhea and weightloss and was not able to tolerate sorafenib well.

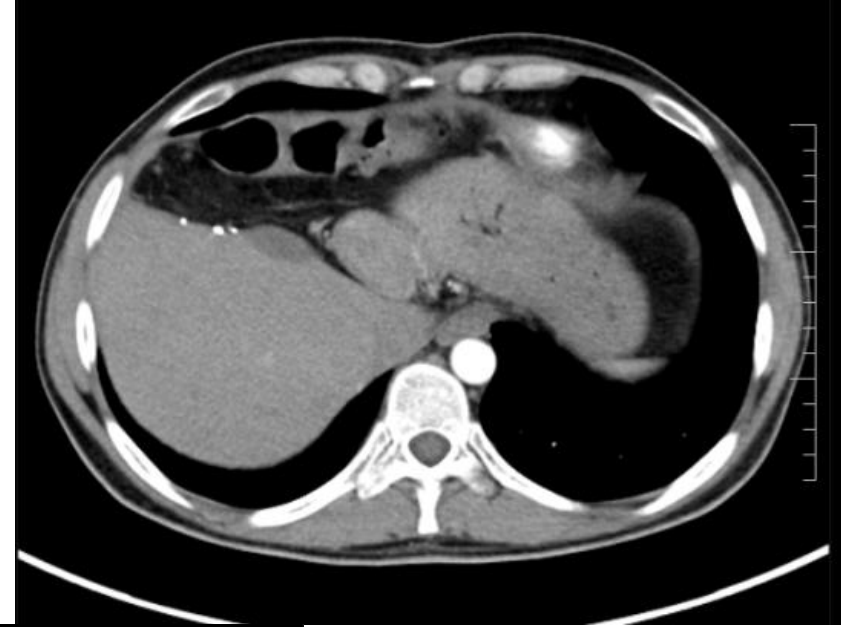
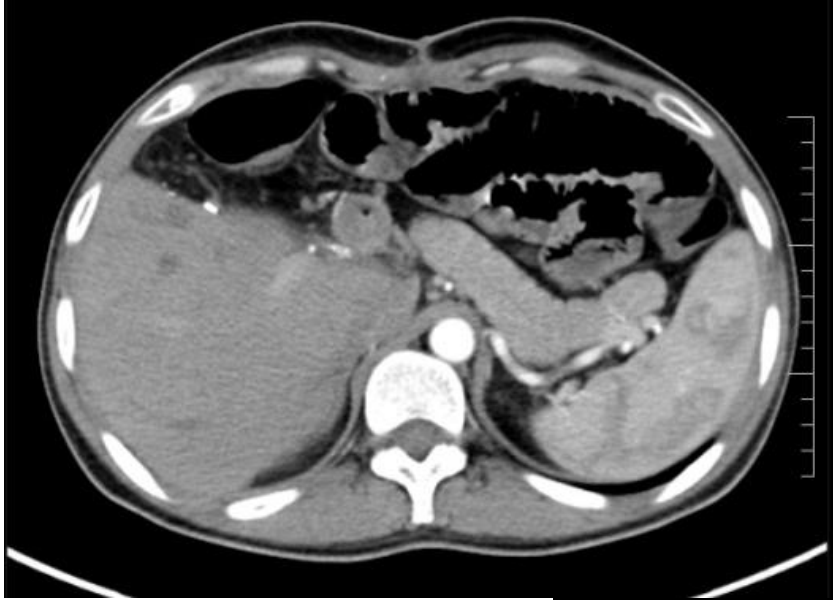
FURTHER TREATMENT COURSE..

Three cycles of TACE done at an interval of 3 months each which showed good lipiodol deposition and interval regression of lesions.



- Due to significant regression of lesions post TACE ,Surgical resection was considered after assessing residual normal liver volume.
- Left hepatectomy with partial right hepatectomy was done scooping out all the lesions.

- 3 month follow up no residual disease



Conclusion

- It is possible to control advanced disease
- More work on genetics needed in Indian patients
- TACE as a bridge for resection
- Combination therapies is the way forward