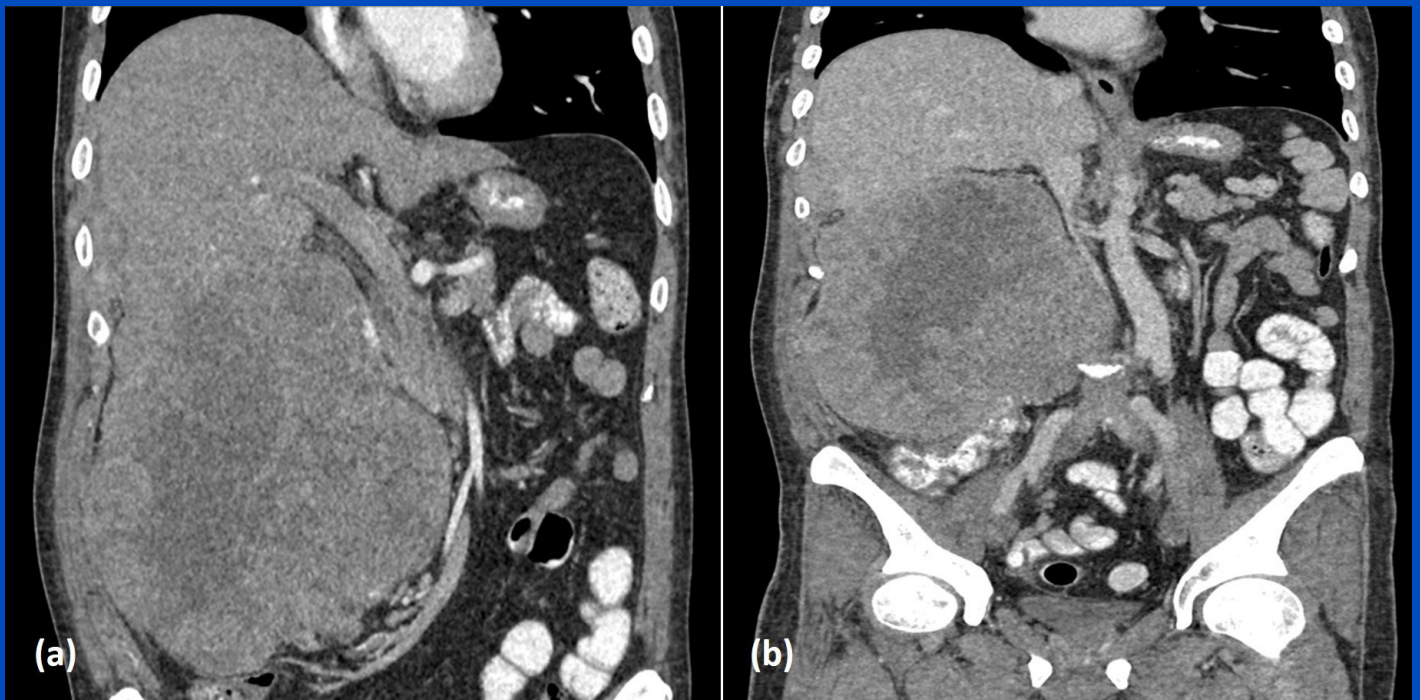


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Audits of relevant topics generally follow the same format as original article and the text should not exceed 1,500 words and references not more than 20.

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Case reports should highlight interesting rare cases or provide good learning points. The text should not exceed 1000 words; the number of tables, figures, or both should not be more than two, and references should not be more than 15.

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Acknowledgements

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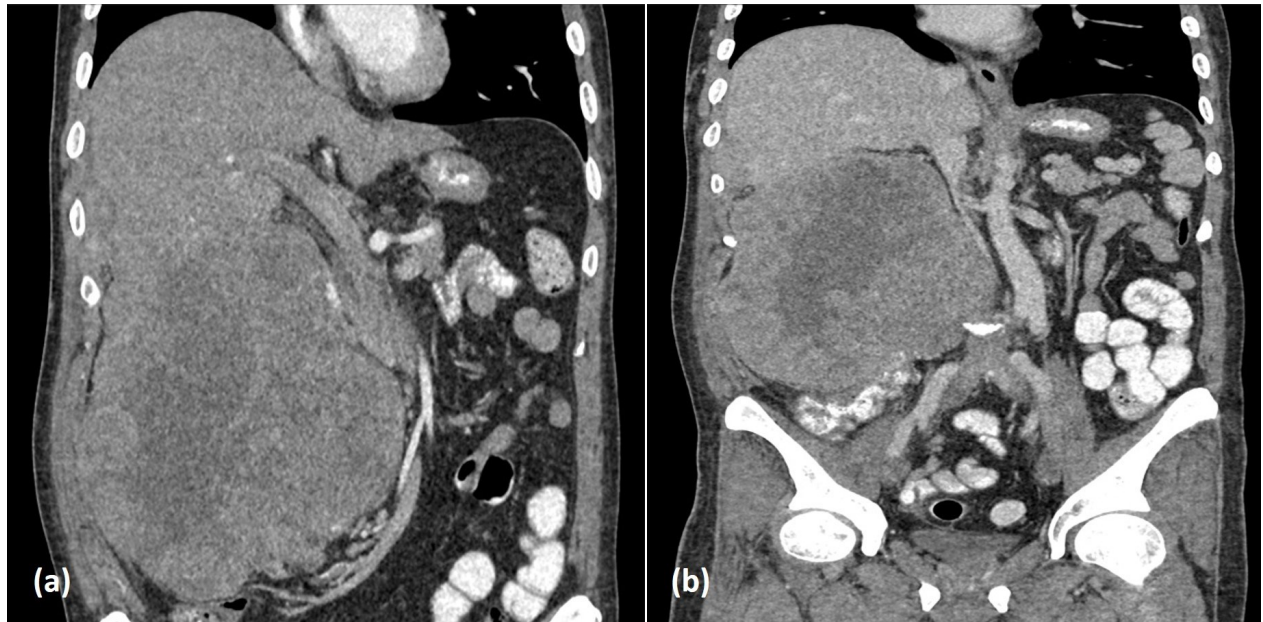
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Mohsin Khan OOZEER KHAN, Iqtidaar OARIS, Ikhwan Sani MOHAMAD, Chandran NADARAJAN, LEOW Voon Meng



A 45-year-old man presented with the complaint of right upper quadrant discomfort for 3 months duration with progressive symptoms of early satiety and constipation. Clinical examination revealed a large tender firm mass in the right side of the abdomen. CT Abdomen was performed which showed a large semi-cystic mass arising from the liver (Panel a & b).

What is the diagnosis?

Answer: refer to page [21](#)

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DISCLOSURE: There is no conflict of interest and consent has been obtained from patient to use of these images.

(Refer to page 20)

ANSWER: EXOPHYTIC HEPATO-CELLULAR CARCINOMA (HCC)

HCC is a common malignancy in this part of the world but exophytic or pedunculated in morphology is still a rare entity. It was first describe in 1897 by Roux and only 173 case were reported.¹ Exophytic HCC occurred in 0.24-3.0% of all cases of HCC with male gender predominance (73%).¹

Exophytic HCC can present in any sizes. 73 % have the pedicle arising from right lobe liver and it is postulated that such lesion may be arising arise from accessory liver lobe and can grow in any direction. Though the condition is congenital, age associated chronic ischemia of an accessory lobe and ongoing fibrosis may be the promoting factor for malignant transformation especially during the 5th decade of life.²

Challenges faced in diagnosing an exophytic HCC is that symptoms are initially non-specific and on examination it can mimic

other causes of abdominal mass that are more common and benign such as a lipoma and hematoma.

Exophytic HCC can be classified into pedunculated type with a pedicle and pedunculated type without a pedicle and attached to the liver surface.³

The decision to operate was based on the fact that patient was symptomatic and was at risk of tumor rupturing and tumor bleeds. Without treatment HCC has a median survival of 3 to 6 month after diagnosis has been established. The patient was classified as Child-Pugh score B, and with our available facilities surgical resection was the best and safest available option for his condition. Usually prognosis of exophytic HCC post operatively is considered to be better than conventional HCC, partly because it has a more developed capsule which decreases the risk of tumor cell embolization, allows more cell differentiation and they are less like to invade vessels but unfortunately for our patient he was diagnosed with advance disease.⁴

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