**PE-075**

**A case of hepatocellular carcinoma with spinal metastasis presenting with severe left upper quadrant abdominal pain**

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**Background:** Hepatocellular carcinoma (HCC) is the third most common malignant tumor in Korea. The frequent metastasis sites are the lung, adrenal gland, lymph node, and bone. The most common site of bone metastasis is the spine. We report a case of HCC presenting with severe left upper quadrant abdominal pain uncontrolled with medication due to spinal metastasis from HCC.

**Case:** A 39-year-old man visited an emergency room with severe left upper quadrant abdominal pain. He was a hepatitis B carrier but had never had a regular medical follow-up. Abdominopelvic computed tomography (APCT) showed a round shaped HCC in left lateral segment combined with liver cirrhosis, splenomegaly, esophageal and gastric varix. He constantly complained of squeezing pain in left upper abdomen during hospitalization and did not respond to analgesics. On 5 days after admission, he also complained of muscle weakness and numbness in the lower limbs. We performed a spine MRI with a consideration of spinal metastasis. MRI showed a mass compressing the spinal cord at the left pedicle and lamina of the T9 vertebra combined with myelopathy. The mass and lamina of T8 to T10 were completely removed by emergent decompressing surgery. A pathological examination of the removed tumor revealed metastatic HCC. The left upper abdominal pain and numbness in the lower limbs of the patients were dramatically improved after the surgery. We performed TACE for HCC in the left segment of the liver. The radiotherapy was also done for spinal metastasis of HCC after spinal surgery and TACE.

**Conclusions:** We report a case of HCC presenting with severe left upper quadrant abdominal pain due to spinal metastasis, which was successfully treated with decompressing surgery, TACE, and radiotherapy.

**Keyword:** HCC, Spine, Metastasis, Abdominal pain, Radiotherapy

**PE-076**

**Paraparesis caused by transcatheter arterial chemoembolization with normal imaging in a patient with hepatocellular carcinoma**

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**Background:** Transcatheter arterial chemoembolization (TACE) is a major therapeutic modality for advanced hepatocellular carcinoma (HCC). Although TACE is considered to be safe procedure, it can be associated with multiple complications, including nausea, vomiting, fever, renal failure, liver abscess, cholecystitis, pulmonary embolism, and hepatic failure. Spinal cord injury following TACE is very rare, but can lead to disastrous morbidities, such as paraplegia and paraparesis. We report a case of paraparesis caused by TACE with normal imaging and nerve conduction studies.

**Case:** A 71-year-old man with hepatitis B-related HCC was admitted for 10th application of TACE. On this admission he had Child-Pugh class A cirrhosis and did not complain of any neurologic problems. A spiral CT revealed exophytic mass on segment 6, next to the lipiodolized HCC, was enlarged state (from 2.2×2 cm to 5.3×3.8 cm) with invasion of right adrenal gland and right diaphragm, which had no lipiodolized portion after previous TACE via a right hepatic artery. Hepatic angiogram showed that this lesion was supplied by the right inferior phrenic artery and right superior adrenal artery. The patient underwent TACE (lipiodol 4 cc, emulsion 14 cc) via right/left hepatic artery and right inferior phrenic artery. After procedure, he developed sensory ataxia, hypesthesia in bilateral lower extremities without voiding sensation. A spinal MRI, nerve conduction studies did not show any typical findings. Although best supportive care and rehabilitation treatment, paraparesis was not improved, 2 months later he died of pulmonary metastasis and hepatic failure.

**Conclusions:** With non-visualization of a spinal cord artery branch of the inferior phrenic arteriogram during TACE, an irreversible spinal cord injury can occur. More caution should be exercised for patients who undergo repeated TACE, especially via inferior phrenic artery.

**Keyword:** Spinal cord injury, Transcatheter arterial chemoembolization, Inferior phrenic artery

**PE-077**

**A case of hepatic angiomyolipoma which was misdiagnosed as hepatocellular carcinoma in chronic hepatitis B carrier**

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**Background:** Angiomyolipoma (AML) is an uncommon mesenchymal tumor that occurred more frequently in kidney than in liver. Hepatic AML is relatively rare and composed of variable admixtures of smooth muscle cells, blood vessels and fat.

**Case:** A 45-year-old woman who was a carrier of hepatitis B virus infection presented with a hepatic tumor. Her serum alpha-fetoprotein level was normal. Ultrasonography revealed a round and well-circumscribed echogenic hepatic tumor measuring 2.5 cm in the segment VI. On MR T1-weighted in-phase images, the mass shows low signal intensity, and on out-of-phase images, the mass shows signal drop and dark signal intensity. On MR T2-weighted images, the mass shows high signal intensity. The mass demonstrates high signal