



TACKLING A GIANT: CASE REPORT OF A LARGE HCC RESECTED SUCCESSFULLY

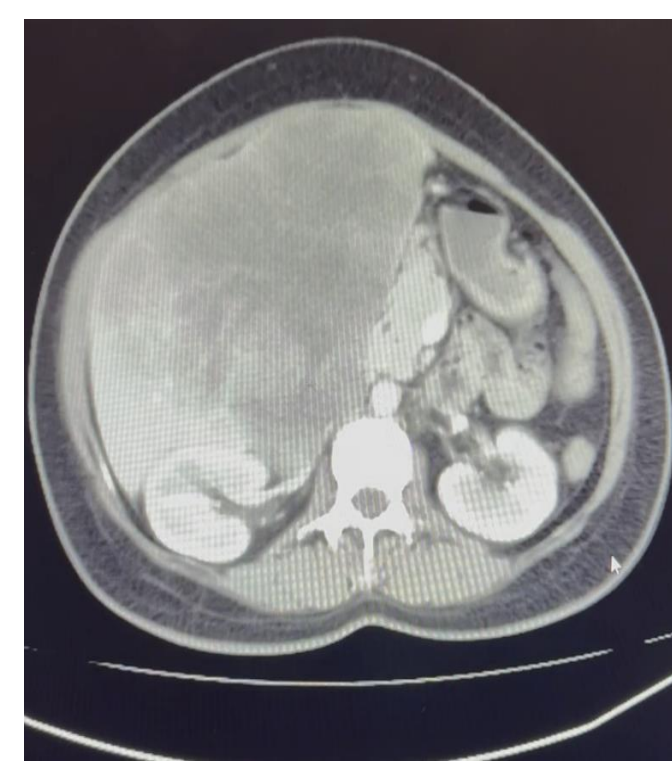
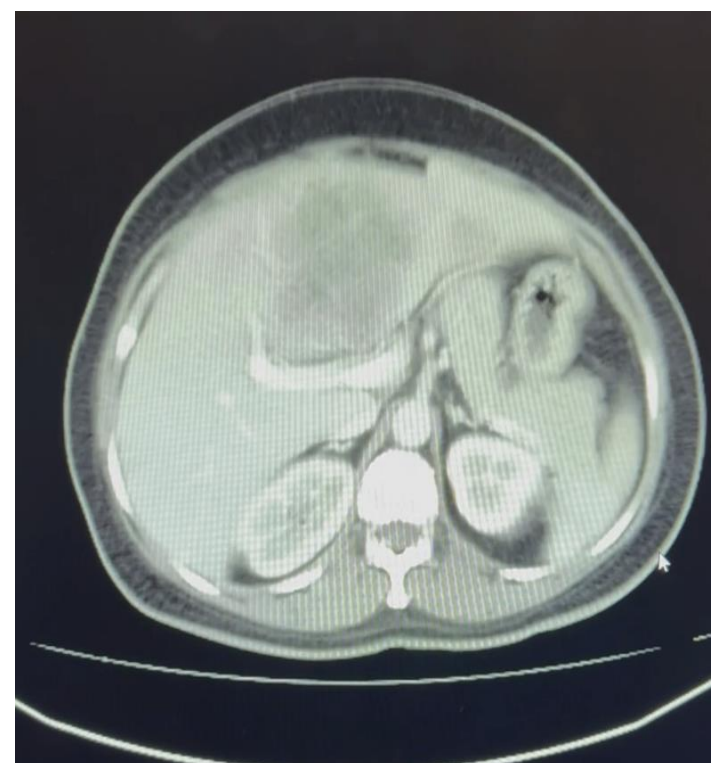
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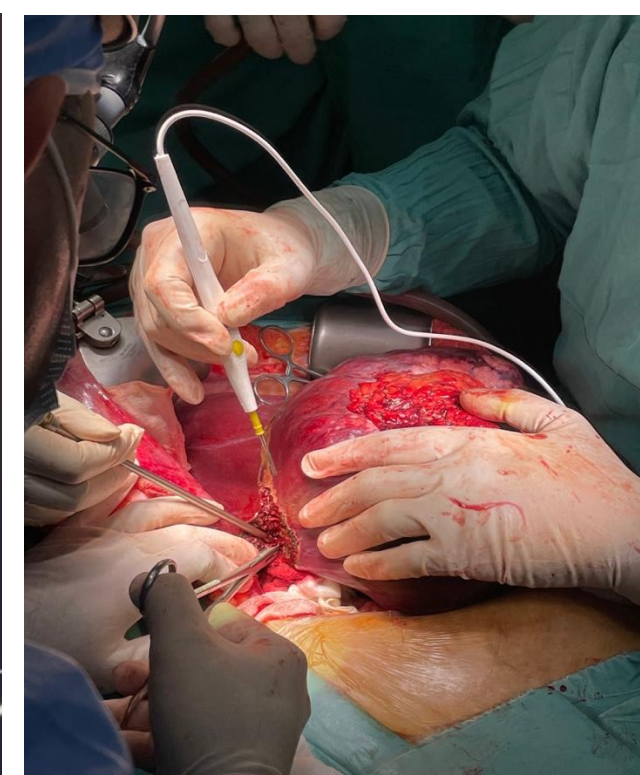
INTRODUCTION

Hepatocellular carcinoma (HCC) is among the most common and lethal malignancies worldwide. Current guidelines generally restrict surgical resection to early-stage disease (BCLC 0/A), while large tumors (>10 cm) are often considered unsuitable due to concerns of poor oncologic outcomes and technical feasibility. However, recent evidence suggests selected patients with large or advanced HCC may still benefit from resection.



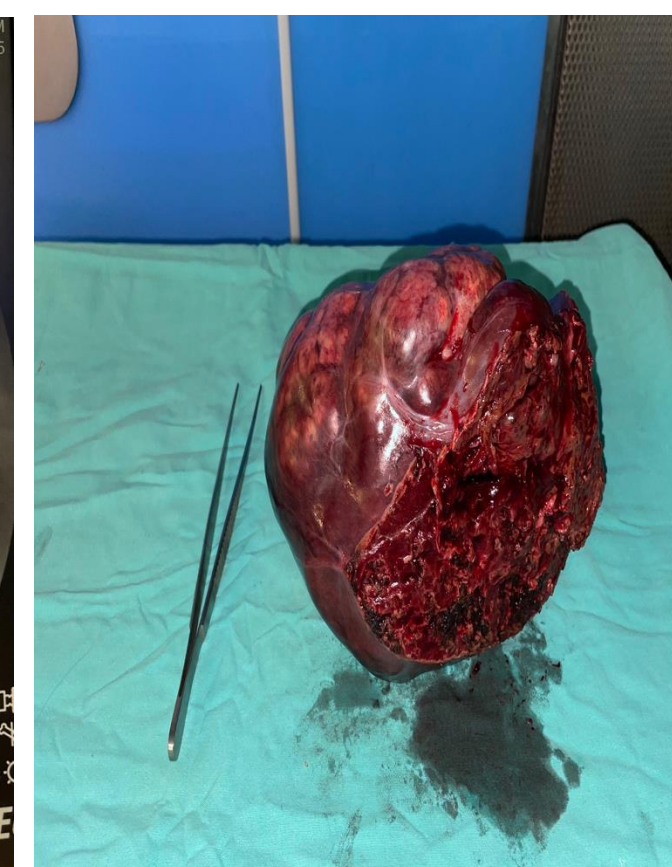
CASE SUMMARY

We present a 49-year-old female with treated hepatitis C, who developed progressive upper abdominal fullness, weight loss (9 kg in 6 weeks), and fatigue. Examination revealed a large right upper quadrant mass. Imaging demonstrated a giant exophytic HCC (20 × 20 cm) arising from liver segments IVb, V, and VI with typical arterial enhancement and portovenous involvement. Multidisciplinary discussion debated surgical versus multimodal therapy. After careful selection, the patient was taken for trial dissection.



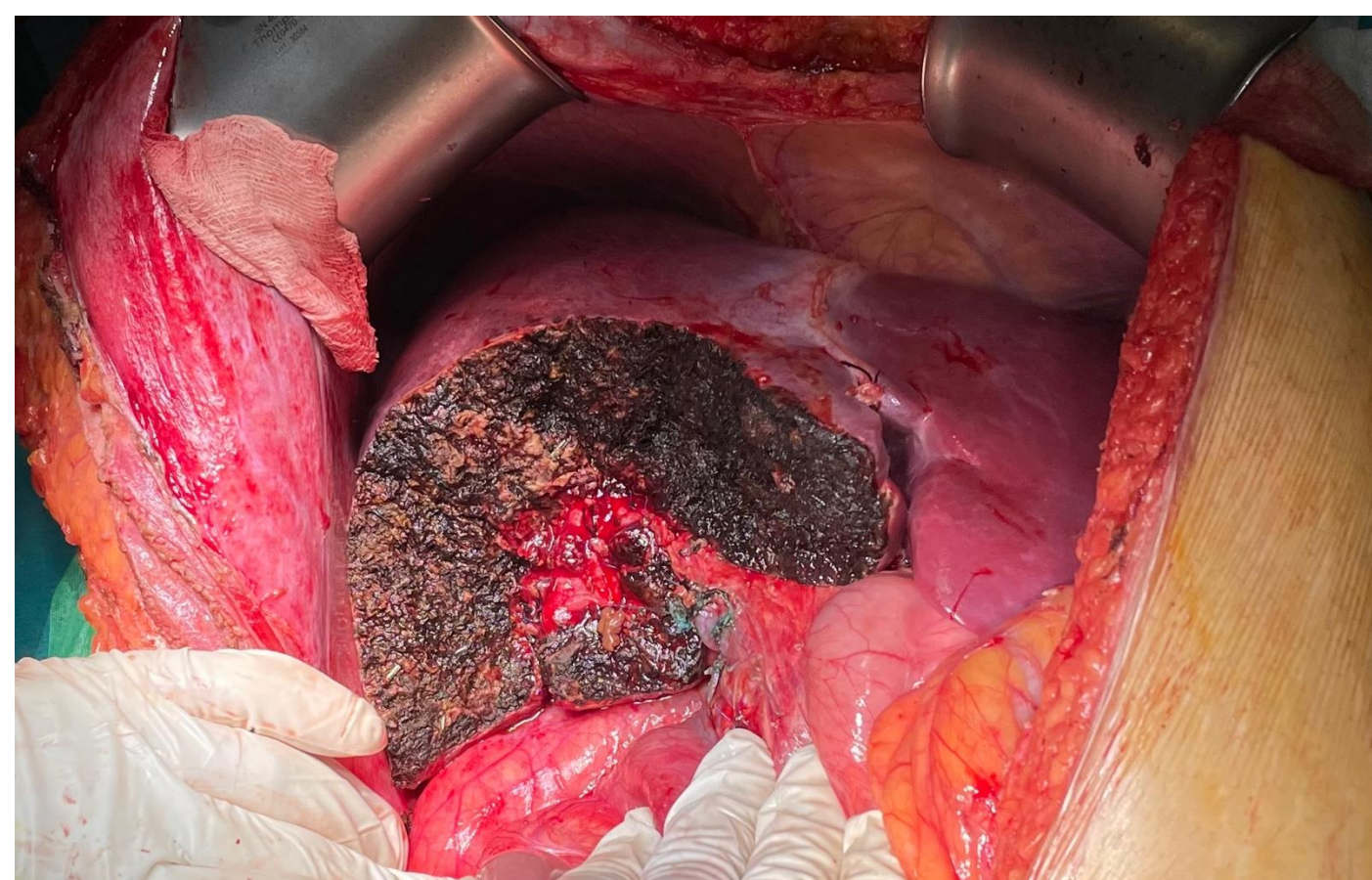
The patient underwent exploration, non-anatomical resection of segments IVb, V, and VI, cholecystectomy, and intraoperative cholangiogram. The remnant liver demonstrated good volume and texture. Postoperatively, she recovered uneventfully, was mobilized early, and discharged on postoperative day 7.

Histology confirmed malignant epithelial tumour consistent with HCC, with lymphovascular invasion and close capsule margin (0.1 cm).



DISCUSSION

This case highlights the feasibility of surgical resection in giant HCC beyond traditional BCLC criteria. Literature demonstrates 5-year overall survival up to 55% in carefully selected patients with large HCC, with acceptable perioperative morbidity and mortality. Prognostic factors such as vascular invasion, AFP level, and cirrhosis status remain critical in risk stratification.



Conclusion

Surgical resection remains a viable option in selected patients with giant HCC, offering curative potential where non-surgical therapies provide limited long-term survival.