Case report

Sustained complete remission of advanced hepatocellular carcinoma with sorafenib therapy

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INTRODUCTION

Hepatocellular carcinoma (HCC) is the fifth and seventh most commonly diagnosed carcinoma as well as the second and sixth most common cause of cancer-related death in men and women, respectively, worldwide.1 It is also an important cancer in the Asia–Pacific region. In a recent report from our center in Malaysia, the late presentations in most of our patients with HCC were summarized.2 Curative therapies are limited and might be performed in selected patients only. Sorafenib (Nexavar, Bayer, Berlin, Germany) has been approved by the United States Food and Drug Administration (FDA) in November 2007 as the first-line treatment for advanced HCC. The landmark Sorafenib Hepatocellular Carcinoma Assessment Randomized Protocol (SHARP) trial showed that the median survival and time to radiological progression in patients treated with sorafenib were nearly 3 months longer than in those received placebo.3 Similar results were observed in another phase III randomized, double-blind, placebo-controlled trial carried out in the Asia–Pacific region.4 However, no patients achieved complete response of HCC in either study,5,4 although a complete response of advanced HCC to sorafenib has been reported in several case reports.5–8 In this study we reported a patient who achieved sustained complete remission after treated with sorafenib.

CASE PRESENTATION

A 63-year-old Malaysian Chinese woman presented with vague abdominal pain, nausea and general malaise that had lasted for one month, with the Eastern Cooperative Oncology Group performance status of 2. She had no history of viral hepatitis or any other liver diseases prior to her presentations. Clinically, she was neither pale nor jaundiced, but appeared lethargic. Abdominal physical examination revealed an enlarged liver 6 cm below the costal margin and no ascites was found.

Relevant blood test results were as follows: hemoglobin 16 g/L, platelet count $200 \times 10^{9}/L$, total bilirubin (TB) 18 μmol/L, albumin (ALB) 40 g/L, alanine aminotransferase (ALT) 71 U/L, international normalized ratio (INR) 1.1, α-fetoprotein (AFP) 101 506 IU/mL. She was not previously diagnosed as having chronic hepatitis C (CHC) but her anti-hepatitis C virus (HCV) antibody was positive and her HCV RNA was 20 000 IU/mL with genotype 1. A five-phase computed tomography (CT) scan revealed a lesion in segment V and VIII of the liver of 7.5 cm × 8.0 cm in size. The lesion showed enhancement during the arterial phase and washout during the portal venous and delayed phases, which was consistent with the diagnosis of HCC. There was thrombosis in the right and middle hepatic veins but distant metastasis was not noticed.

Surgery and radiofrequency ablation were deemed unsuitable due to the large size of the lesion.

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