

CLINICAL PATHOLOGIC CONFERENCE

May 5th, 2012

Presented by	長庚大學醫學生 蘇永約、陳一中、翁瑄、胡家祥、林炯宏、 黃韻如、王雅琪、何曉儒、鄭毓郡、吳宗翰				
Discussed by	腫瘤科	楊再勝醫師	、	胃腸肝膽科	連昭明醫師
	眼科	劉冠麟醫師	、	耳鼻喉科	傅嘉祥醫師
	放射腫瘤科	曾雁明醫師	、	影像診療科	葉智華醫師
	解剖病理科	李麗玉醫師			
Moderator	解剖病理科	孫建峰醫師			

General data:

Name: 周 oo

Chart number: 2140xxxx

Age: 69y/o

Gender: male

Status: married

Occupation: construction site employee

Date of admission: 2010-07-15

Chief Complaint: Sudden onset of left eye blurred vision for 1 week

Present illness:

The 69-year-old male patient with untreated hypertension presented to our ER on 2010/7/15 with left eye blurred vision for one week. He denied any trauma history and underlying endocrine disease. He had no double vision, no red eye, no eye pain, no eye itching, no headache and the brain CT showed no brain lesion. Since Relative Afferent Pupillary Defect (RAPD) sign was positive in the left eye, ophthalmic neuritis was impressed and systemic steroid was given. But the symptom didn't improve after treatment.

He visited our ER twice for nasal bleeding on 2010/9/22 and 2010/10/29 and then kept regular follow up at ENT OPD. For thrombocytopenia, he was referred to HEMA OPD where high AFP, elevated liver enzyme and positive anti-HCV were incidentally discovered. On 2010/11/24, a soft tissue mass in the left superior meatus was found at ENT OPD. The paranasal sinus CT showed a lobulated soft tissue mass centered in left sphenoid sinus with adjacent bone erosions and intracranial invasion. The biopsy revealed a metastatic HCC.

Past History: Hypertension

Personal History:

Smoking: 1PPD for 50+ years

Alcohol: 1 杯高粱+數罐啤酒/day for 50+ years, quit recently

Betelnut: 20PC/day for 50+ years, quit recently

No known food or drug allergy

Family History: no hypertension, no DM, no HBV or HCV infection, no thyroid disease

Physical Examination:

T:37.3C, P:89/min, SBP/DBP:217/114mmHg; Others were negative

Ocular Examination:

	OD	OS
IOP	15mmHg	15mmHg
VA	0.3	CF/ 50cm
Lid	NP	NP
Conj.	NP	NP
P	Ortho	Ortho
EOM	f&f	f&f
K	clear	small ED
AC	shallow/clear	shallow/clear
Iris	NP	NP
L/R	+	-
RAPD	-	+
Lens	NS+	NS+
F'd	C/D 0.6*0.7	C/D 0.6*0.7 no disc edema

Lab Data (2010-07-15):

WBC	7.5* 1000/uL	RDW	14.3%
RBC	3.13	Segment	70.8%
Hb	12.0 g/dL	Lymphocyte	15.9%
Ht	36.0%	Monocyte	11.0%
MCV	115.0 fL	Eosinophil	2.0%
MCH	38.3 pg/Cell	Basophil	0.3%
MCHC	33.3gHb/dL	Platelet	113* 1000/uL

Image: To be presented

Pathology: To be presented

Course and Treatment:

After admission, in order to rule out the infection and autoimmune disease, we draw blood for ANA, ANCA, ESR and RPR. Furthermore, we gave the patient methylprednisolone 500mg/vial 0.5pc Q6H IV for 3 days under the impression of optic neuritis. The symptom improved so he was discharged with prednisolone and further OPD following up was arranged.

Points of Discussion:

1. Clinical manifestation of cranial base tumor
2. Features of metastatic hepatocellular carcinoma
3. Managements of metastatic hepatocellular carcinoma